



When Someone Dies: A Guide for the Family

Contents:

- Caring for Your Loved One**
- The Dying Person's Wishes: Getting Personal Affairs in Order**
- Home & Hospice Care**
- The Physical Stages of Dying**
- Spending Time with the Body of Your Loved One**
- Death Certificates**
- Burial and Cremation**
- Wills & Living Trusts**

Caring for Your Loved One

The death of someone close is a life-changing experience. If you will be the primary caregiver of someone you love, this experience will affect every aspect of your life. Prepare yourself by planning ahead.

Ask for help. You may find yourself thrust into a role that may be too much for you alone. Consider what you can and cannot do. Find out what other friends and family members can do and what community resources have to offer. Your hospice staff or hospital social worker will also be able to help you.

Taking care of ourselves is the first thing we neglect when we are deeply affected by losing someone we love. One aspect of planning ahead is taking a personal inventory of our own thoughts and feelings. This is as important as the practical concerns attached to home nursing, hospice care, legal papers, or insurance coverage. It might be helpful to ask yourself the following questions:

- Is there anything special you want to say to your loved one while there is still time?*
- How much time can you take out of your daily commitments to spend with your loved one?*
- Will you have someone to talk to about your own feelings?*
- Will you ask for help when you need it?*
- Are there certain things you are sure you do not want to do? Make a list and delegate these tasks to others.*
- Can you handle special crises? Talk with your hospice nurse about what these crises may be.*
- Can you make a commitment to take care of yourself while you take care of your loved one?*
- Will you still do the special things that have always renewed and nurtured you?*
- How will you say goodbye?*

So many of us tend to overindulge or deny ourselves specific comforts when we are in emotional pain. Do you tend to overeat under stress or do you stop eating? Do you drink? How often? Do you chain-smoke? Do you get enough sleep? Eating a balanced diet, getting adequate sleep and exercise are even more important at this time. Make sure you are eating three meals a day.

Take time to go for walks or get to the gym. Find moments of solitude. Listen to music. Talk with your pastor or other spiritual counselor. There are therapists and volunteers who provide grief counseling before and after a death.

Being with someone who is dying can be surreal. Time and the matters of everyday living are suspended. Every moment becomes a precious opportunity to be with someone you will never see again. Taking some time to plan ahead will help put your mind at ease. This will help you be more 'available' when death is close.

The Dying Person's Wishes: Getting Personal Affairs in Order

Here's a list of concerns that need to be discussed with your loved one. If he or she is no longer conscious, call together the significant members of the family to make decisions together.

Has a will been drawn up? If it is an old one, has it been updated?

Where are important documents stored?

Has someone been chosen to hold the Financial Power of Attorney?

Has someone been taking care of bills and other important mail?

Is there a Living Will, an Advance Directive to Physicians or a Medical Durable Power of Attorney? Does the doctor have a copy of this form? Is a copy of this form easily accessible?

Will your loved one die at home or in the hospital? Is there a copy of the insurance policy available to see what type of care is covered?

Does your loved one want to be buried or cremated? Has a memorial service been thought of?

Who does your loved one want at her bedside?

Are there certain individuals who should be called in an emergency or at the time of death?

Are there any special requests or special days coming up, like birthdays or anniversaries that should be observed?

Home and Hospice Care

Home care for the terminally ill will become an all-absorbing set of tasks and responsibilities for the primary caregiver and the family. Most people turn to a hospice program for help. This may be their community hospice, the hospice program connected to the hospital they have been using, a home health care agency, or the local Visiting Nurses Association.

The two primary goals are to provide comfort and emotional support to the dying and their families. Most often, a terminally ill patient must have six months or less to live, be unable to benefit from further treatment and is ready to die. This means that the dying person does not want to be resuscitated or be kept alive using any artificial means of life support. There must also be a primary caregiver at home who will assume responsibility for the patient, especially if he or she becomes unable to speak for him or herself.

Hospice programs regard dying as a natural process. The control of pain and distressing symptoms are the goal of treatment. Care is provided by a number of different people. This may include a home health aide, registered nurse, emotional support volunteer, doctor, physical therapist, chaplain, social worker and psychological counselor. Hospice professionals and volunteers do provide invaluable support to the family and the person who is dying at home.

Some large communities have established an AIDS-specific hospice program. Your social worker at your local AIDS agency will be able to refer you to this program, if it is available in your area.

Paying for Care

Hospice care costs can usually be covered through private insurance, Medicare and Medicaid. Medicare will cover all of the costs of hospice care if you use a Medicare-certified hospice program. Medicaid will cover all of the costs of a physician's care, skilled nursing, medical supplies, equipment, and prescriptions after the annual deductible is met. If you have private insurance, check your summary plan booklet to see if hospice care is covered.

The National Hospice Association (check out www.hospicenet.org) will refer you to programs in your area and will answer questions about hospice care. If the dying person is a child, you may want to contact Children's Hospice International at 1-800-24-CHILD.

Physical Stages of Dying

Sometimes it is helpful to know what to expect as someone is actually about to die. Some people may find this type of information distressing. If you find it upsetting, you may want to skip this section.

The person will usually become more sleepy or groggy, or may even become comatose until the moment of death. Sometimes the person 'comes to' for a few moments but is confused and restless. He may be experiencing visions or say a few things that do not make sense.

As death gets closer, the underside of the body will become darker as the circulation slows. His limbs will become cool to the touch. His breathing will become more irregular with long spaces between breaths. He may become incontinent. You may hear the 'death rattle' which is a gurgling sound that is caused by fluids collecting in the back of the throat

The ability to hear is the last sense to go. Feel free to talk to your loved one even though he or she may be in a coma. Speak reassuringly and calmly. Always assume that what you say will be heard. Have talks with your doctor and other family members outside the dying person's room.

Here are some things you can do to make your loved one more comfortable:

Keep warm blankets on hand. Use as many as necessary to keep your loved one warm. Do not use electric blankets.

Ask your hospice nurse for pads to place underneath your loved one if he or she becomes incontinent.

You can use a cool mist humidifier to add moisture to the room when fluids build up in the back of the throat. Keep his or her head elevated to make breathing easier.

*You can offer ice chips or a wet washcloth to relieve dry, chapped lips.
If your loved one has difficulty seeing, you can keep additional lights on.
If your loved one starts to produce less urine, tell your hospice nurse so he or she can check for abdominal distention (a swollen belly) or other problems.*

At the final moment of death, breathing stops. There is no heartbeat or pulse. The eyes are fixed. The mouth may drop open because the jaw has relaxed. The bowel and bladder may empty. Fluid may come from the mouth.

Your hospice staff can help you with your questions and other forms of assistance to help you take care of your loved one, such as applying for government benefits, receiving volunteer help, and utilizing other social services in your community.

Spending Time with The Body of Your Loved One

For some, the time right after the loved one's passing is a time of reflection, remembrance, and final goodbyes. For the family caregiver, this may be the last time you are alone with your loved one.

Think about how much time you want to spend with the body once your loved one is gone. Different events take place when someone dies in a hospital or at home. Some people leave hospital care in order to die in the comfort, privacy, and intimacy of their own home and family.

You might want to gather friends and family together to discuss what will happen right after your loved one's death. Some people want to clean and groom the body themselves, taking time to anoint the body with fragrant oil or rosewater.

Some people use this time for personal rituals, prayers, burning incense, or lighting candles. You may want special music. Some people want personal notes, a gift, or religious object buried with their loved one.

When your loved one has died, call your hospice nurse. He or she will notify the attending physician who will pronounce death and notify the coroner. The hospice nurse will come over to provide emotional support for the family and dispose of any pain medication and other drugs. Your hospice nurse will clean the body unless the family would rather do this themselves.

If your loved one has died in a hospital, any staff physician can pronounce death. If you are not present when your loved one dies, the staff nurse will call you so you can spend time with the body. You can collect your loved one's belongings at this time.

You can let the hospital know how much time you will want with the body after death. Most hospitals try to accommodate your wishes. Ask about the hospital's policy ahead of time so you don't have emotional upsets at a time when you can least handle them. Let the hospital know where you want the body taken. Many large hospitals can hold the body for a day or two if arrangements still need to be made for burial or cremation.

Death Certificates

The death certificate reports the cause of death and helps settle the legal and financial affairs of the deceased. You will need one to claim many death benefits, close bank accounts, and file tax returns.

The doctor must sign the death certificate, stating the date and cause of death. The funeral director will get this certificate and add additional information. He or she will then file it with the county health department.

Have several copies made as you will need to file copies of the certificate with the IRS, the insurance company, the bank, the Veterans Administration, your Social Security office, and any creditors.

These copies are official certified copies, not photocopies. Order as many as you think you will need and then add two or three to your list. Your funeral director will obtain these copies for you. You can also ask an attorney to do this or do it yourself. Order them from the county clerk's office or your local department of public health.

Burial and Cremation

There are several choices available for disposal of the body. The following list begins with the less expensive option and concludes with the most expensive.

Cremation (also called direct disposition), followed by a memorial service. There may also be a commitment service at the crematorium, if you request it.

Earth burial (also called direct disposition), followed by a memorial service. You can also have a graveside commitment service.

Direct disposition firms provide immediate burial or cremation services. There is no embalming, viewing, or other aspects of the conventional funeral service. They transfer the body from the place of death directly to the place of burial or cremation. They also file the death certificate and cremation permit for you.

Many disposition firms are membership organizations like the Neptune Society or the Telophase Society. Costs for services at the time of death usually range from \$200 to \$1,000.

Memorial societies are membership organizations which are also nonprofit consumer groups. They provide advice on how best to deal with the disposition of a body in your area. They compare prices and services to determine the most economical means of dealing with disposition and memorial services. Some groups have negotiated membership discounts and other benefits with local funeral directors.

Funeral homes (or mortuaries) are for-profit businesses that are licensed to provide everything from direct disposition to a complete funeral ceremony, including a casket, procession, and interment. Costs can range anywhere from about \$2,000 to \$10,000.

Some large cities provide simple burial services for people who have no funds. If you need this service, call your local department of public health and ask about indigent burial services.

Wills & Living Trusts

Thinking about things like a will may stir up uncomfortable feelings at first. It will give you more peace of mind once it is done because it puts you in charge. You get to decide what happens to the things that have been important to you.

A will lets people know what you want to do with everything you own at the time of your death. Depending on how much property you own, you may be able to write your own will or you may have to work with a lawyer so that your wishes will be followed. You can use a will to decide who will receive your possessions, how any cash you leave will be used, who will take care of your pet, who will become your child's legal guardian, and how your funeral, cremation or memorial service will be done.

If you do not have a will, the courts will step in to decide, according to state laws, who will receive what. If you have a lover or are not legally married, other members of your family may step in to claim things you may have wanted to leave to your lover. Having a will ensures that what you want to have happen will happen.

Every will must be witnessed by at least two people over 18 who can state that you knew what you were doing when you made out your will. The person you leave things to is your beneficiary. The person you leave in charge of carrying out your will is your executor.

A living trust protects all your assets from probate costs at the time of your death. Probate is a court procedure that all estates worth more than \$60,000 must go through. If you do not own a home or a business, or have a great deal of cash or stocks and bonds worth more than \$60,000, you probably do not have to worry about probate costs. But if you do own property, or have children whose inheritance you wish to protect from probate costs, talk to a lawyer about setting up a living trust.

Your local Bar Association can refer you to a lawyer to help you with making out a will or setting up a living trust. You can also check out self-help books and websites about these topics.