

Way to Go Guide

Third edition, Summer 2023.

Our appreciation to Lara Fraser & Sally Houghton.

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The articles in this guide are not complete on their own, nor are they intended to be definitive, but are hoped to serve as a first step to finding out more. They have been summarized from websites or written by M. Verschuur, M. Dennison, M. Frishholz, M. McPhee, C. O'Rourke, H. Simpson, O. Williams, S. Wilson, and edited by J. Baker.

Many of these articles, as well as a number of others, have been printed in the Discovery Islander and are available on the website, way2go.ca This Guide can also be found there and can be downloaded.

For requests or suggestions, please email QuadraWayToGo@gmail.com

1 Making Death a Part of Life

Way to Go is a once a month gathering of folks in which we talk about death, dying and grief, educate ourselves about current and alternative approaches, and strive to make death truly a part of life in our community.

Way To Go started after Dale Presley from the Salish Sea Hospice Society came to Quadra in the summer of 2016 to give a talk about how disconnected our culture is from death. In the fall, Dale was invited back for a home presentation to speak further on the subject. All were enriched by the sharing, and a decision was made to continue home meetings once a month starting in Jan. 2017. With a rotating chair, a format for the meetings evolved: one half hour for sharing, one half hour for education, and one half hour to discuss community projects.

In the sharing portion of the meeting, folks are invited to talk about what is happening in their lives regarding death, dying and grief. Although these subjects hugely impact our lives, we as a culture tend to shy away from talking about them. Specifically creating a space that welcomes our (often) difficult feelings, thoughts and experiences around death helps us all to become more comfortable and compassionate with loss and mortality.

Because we don't talk about death, many of us know very little about how to navigate it. During the education portion of the meeting, we have someone from the community share knowledge with the rest of us. The group created this Way To Go Guide, which is a collection of information on topics we have learned about.

Another intention of Way To Go is to educate and create more choices in our community. We have worked with the Quadra Island Cemetery Society, and, although there is more work to be done, the south side of the cemetery now has a section for Natural Burial. In the spring of 2021, we started Community-Led Death Care, a group of volunteers available to guide and support families through a death, particularly with the alternative choices that bring death home. The website has more information on this service, communityleddeathcare.ca In 2021, we were honoured to support five families who chose alternative approaches meaningful to them, bringing death back into the stream of life.

In line with the Way To Go intention to educate our community, articles often appear in the Discovery Islander. It is our belief that talking about death, learning more about it, and navigating it with more knowledge, intent, and courage, is life-affirming.

2 Estate Planning

An Estate Planning List makes it easier for your executor to follow your wishes and meet legal requirements after your death. It helps the executor complete the distribution of your estate.

Provide complete and current information on the following topics, including the location of important documents. Inform your executor where you will store this list, along with other documents.

- a) Personal Information (name, date of birth, marital status, SIN, address, phone, email)
- b) Contact Information (partner/spouse, children, parents, siblings, friends)
- c) Professional Contacts (accountant, financial advisor, lawyer, estate planner, insurance agent, doctor, dentist, optometrist)
- d) Assets (real estate, vehicles, inventory, appraised items, items in storage)
- e) Liabilities (debt, loans, maintenance/child support)
- f) Business and Financial Information (occupation, income tax returns, mortgage, safety deposit box, insurance agents for vehicles, home, health, disability, etc)
- g) Investments and Banking (credit/debit cards, accounts, cash)
- h) Other Information (memberships, charities, borrowed items, passport, passwords, online accounts)

An Enduring Power of Attorney (EPOA) is a legal document for financial and legal planning in B.C. A capable adult (called the donor), at least 19 years old, uses the EPOA to appoint another person (called the attorney) to make financial and legal decisions on his or her behalf. It must specifically state that the attorney's power is to continue (is enduring) even if the donor becomes mentally incapable. Reimbursement for reasonable expenses or other compensation may be included. This document does not cover health and personal decisions.

A Representation Agreement (RA) is a legal document in B.C. for personal and advance care planning. An RA is the only way to authorize someone, called your representative, to help you, or to act on your behalf for health and personal care matters. There are two types of Representation Agreement: section 9 (RA9) and section 7 (RA7). If you are mentally capable of understanding the nature of what is covered in the legal document authorizing someone to act on your behalf for health and personal care matters, you will make an RA9. RA7 is used for those incapable of understanding.

An Advance Directive allows you to state your decisions about accepting or refusing health care treatments, including life support or life-prolonging medical interventions, directly to a health care provider. It must be followed when it addresses the health care decision needed at the time. No one will be asked to make a decision for you.

A Medical Order for Scope of Treatment (MOST) form will ensure that your wishes for your health care treatment are followed if you are in an emergency or urgent health situation. This form is completed with your physician in a discussion about your goals for your care. It becomes part of your health care record and is accessible throughout BC. More information: nidus.ca

An Executor is a person named in a will to carry out the instructions in the will. Being an executor takes time, energy and careful attention to detail. Property and possessions form the estate; the executor administers the estate by locating all of the property, paying any debts, the funeral costs and taxes, then distributing the rest of the estate according to the instructions in the will. An executor can get help from friends and family members, and also from professionals such as a lawyer or accountant. However, the executor makes decisions, watches over everything, and needs to keep accurate records; the executor is the person who is legally responsible. Acting as an executor can be relatively straightforward, but it can become challenging for many reasons. Before appointing an executor, and an alternative, be sure to discuss the responsibilities with the person, so they can accept or decline.

A Will is a legal document that leaves instructions about what the person making the will wants done with their estate and obligations after they die. If a person dies without a will, the law dictates how the estate will be divided. An Administrator or Public Guardian and Trustee may be appointed by the court to administer the estate. For a will to be valid, it must be in writing (typed or handwritten). A will can be drawn up by a lawyer or by a notary public for a fee; if your estate is complex or complicated this may be the best choice. However, you can also make your own will, which you must sign in front of two disinterested parties over the age of 19, who must also sign the Will as witnesses. Each page of the Will should be initialled and dated by yourself and the witnesses. More information: peopleslawschool.ca

Your Digital Affairs It is important to consider who will preserve, control or delete your digital accounts after your death, the objective being to prevent identity theft, preserve items you want saved, and stop your family and friends from being sent painful reminders. The points below are from excellent articles in the Guardian Weekly, June 2019 & April 2021. More information: [guardian-digital legacy](#)

Download things you want saved like photos, tweets, blogs, videos, songs & store them on a thumb drive. Designate a legacy contact with your social media accounts so your executor can decide what to do about them, and so they could be deleted after your death. Create a secure document for your executor, digital or hard copy, that lists all your accounts, up-to-date user names and passwords. Do not store things on any digital platform that you don't want seen by other persons. Find out who actually owns the music, movies and games you have downloaded and what happens to them upon your death, and leave instructions for your executor. Regularly delete old messages and files,

particularly anything you don't want shared.

3 Enduring Power of Attorney

An Enduring Power of Attorney (EPOA) is a legal document for advanced financial and legal planning in B.C. It gives someone you trust the power to look after your legal and financial affairs. This might include paying bills, depositing or withdrawing money from your bank account, investing your money, or selling your home. The person you give this power to is called the attorney. In this case "attorney" doesn't mean "lawyer." It simply means the person you've chosen to be your decision-maker.

If you become incapable of managing your financial and legal affairs, no one, not even your spouse, has the automatic right to step in. The "enduring" power of attorney, which is the type used for end-of-life planning, explicitly gives someone the authority to act for you, even if you become incapable. You needn't worry that drawing up an EPOA will immediately strip you of the ability to run your own life. Your attorney can't override decisions you make while you're capable.

It's important to get this document in place now. If you are no longer capable of understanding the nature and consequences of making the EPOA, then it is too late to make one. If someone needs to apply to the court, or if the court appoints someone, this is a costly, time-consuming process and the best person to do this may not be the one that steps forward.

Choosing your attorney(s) is an important decision, and it's not always easy. Your attorney will have significant powers and responsibilities. They can be someone who lives outside the province, but that's not always convenient. You can name more than one attorney, and decide if they may act individually or together. It is important to name an alternate, and describe the circumstances in which they may take over.

Most people ask a family member or close friend to be their attorney. You need to choose someone you can trust, someone capable of taking on the responsibility, and who will ensure your wishes come first. Take the time to talk with your candidate about what you want and would expect of them. Make sure they're comfortable making decisions for you. You can also ask a lawyer, a notary public, a private trust company, or the Public Guardian and Trustee to be your attorney, but this may be difficult and costly to arrange.

Your attorney must be age 19 or older, and able to understand the responsibilities involved. They are often your spouse, adult children, or the executor of your Will. They cannot be a paid caregiver, or an employee at a facility where you live, if the facility provides personal or health care services, unless the person providing the care is your child, parent or spouse.

The attorney is like your agent. They must act honestly, in good faith, and in your best interests; not take any personal benefit from your assets; keep accurate records of any financial activities; and keep your affairs separate from their own.

A person can create their own EPoA document, but if you want your attorney to be able to deal with real estate or vehicle transfers and sales, you need to pay a lawyer or a notary public to prepare and witness the document. The time and cost of creating an EPoA now is hugely less than the cost to be in a situation where the need arises and someone applies to the court to be appointed. More information: peopleslawschool.ca, or nidus.ca

4 Representation Agreement

A Representation Agreement Section 9 (RA9) is a legally enforceable document for authorizing someone—a Representative—to assist you or to act on your behalf for health and personal care matters. The RA9 covers decisions about living arrangements, lifestyle preferences, minor and major health care, and the choice of life support. The RA9 does not cover financial or legal affairs; for this you need to create a Power of Attorney.

As long as you are able to communicate, you can consent to or refuse medical treatment, and let others know what kind of health and personal care you want. An RA9 gives someone you appoint the authority to speak on your behalf, if the situation arises when you are no longer capable. To be considered capable of creating an RA9, you must understand the types of decisions covered and the effect of appointing a Representative.

A 'living will' is not a legal document in BC or Canada. This originated as an informal way for people to express wishes to refuse health care treatments that might prolong their end-of-life. The RA9 covers many more quality-of-life situations than a living will. The best time to make an RA9 is before a crisis occurs, because a health crisis might affect your capability to make one. If you make an RA9 in advance, you can always revoke/cancel it and make a new one. Most people will make more than one Representation Agreement in their lifetime.

You do not have to consult a legal professional to make an RA9. The Nidus Personal Planning Resource Centre is a non-profit, charitable organization which can guide you through the process of creating legal documents, including an RA9.

The intention of a Representation Agreement is to strengthen or create a *personal* support network around an adult—so they have help when ill or injured and when dealing with service systems. Most people name a spouse, family member, or friend in their Agreement. Those you appoint may live in another city, province, or country. When

choosing someone to make decisions on your behalf, as well as an Alternate in case your Representative is not available, consider your relationship with them, their skills and abilities, their willingness to work with others named in your Agreement, and their respect for your wishes and values.

Without an RA9, health authorities will look for direction from a Temporary Substitute Decision Maker (TSDM); they will select someone from a next-of-kin and friend list to speak for you regarding a particular decision. In general, a Representative has more authority and is not time-limited. Also, you choose the Representative; a TSDM is selected for you. Another reason to make an RA9 is that the TSDM can not override what the doctor or other healthcare professionals recommend.

A Representation Agreement is the only way to authorize someone — called your Representative — to assist you or to act on your behalf for health care and personal care matters.

5 Will

A Will is a legal document that leaves instructions about what the person making the Will wants done with their estate and obligations after they die. Your estate is made up of the property and possessions, also known as the assets, that you own at your death (some exceptions are joint ownership and those with a designated beneficiary). With a Will, you can make sure the things you own go to the people you want to have them. If you have considerable assets, if your Will might be contested, or if it's complicated, it is wise to pay for the help of a professional. If it's simple and straightforward and you have access to technology, you can create one at no cost. More information: MyLawBC

If you die without a Will, there is no way to prove what your wishes were, and the law dictates how your estate will be divided (to your spouse and children and their children, usually). Someone can apply to the courts to be appointed to administer your estate, a process which takes considerable time and expense. If no one suitable applies and your estate is valuable enough, the Public Guardian and Trustee takes responsibility, again at considerable expense.

In order to make a valid Will, you must be 16 or over, mentally capable of managing your own affairs, and not be pressured or coerced. You can make a Will on your own, or have someone such as a lawyer or a notary public help you. Although not required, a professional can help you clarify your intentions and communicate them clearly, identify issues unique to you and your family, and work with you to design a comprehensive estate plan. For a Will to be valid it must be in writing, dated, and signed on the last page by the will-maker and two witnesses. The will-maker must sign in the presence of two witnesses, and the witnesses must sign the will in the presence of the will-maker and one another.

An important consideration when creating a Will is deciding who will be your executor. You must also decide to whom to give your things and, if applicable, who will look after your minor children if the other parent is not available.

The only Will that has authority is the original. Store it in a safe place known and accessible to your executor. For a small fee, Vital Statistics provides a service for recording the location of your original will. If you use this service, ensure you update it each time the location of your Will changes.

It is generally advisable to review your Will with your executor, alternate executor, and beneficiaries. If they have any questions, you are available to provide clarification. If there are parts of the Will they disagree with, these can be addressed while you are still alive. A Will should be reviewed every few years, and each time a major life event occurs. More information: peopleslawschool.ca

6 Executor

An Executor is a person named in a Will to carry out the instructions in the Will. Being an executor takes time, energy and careful attention to detail. Property and possessions form the estate; the executor administers the estate by locating all of the property, paying any debts, the funeral costs and taxes, then distributing the rest of the estate according to the instructions in the Will. An executor can get help from friends and family members, and also from professionals such as a lawyer or accountant. However, the executor makes decisions, watches over everything, and needs to keep accurate records; the executor is the person who is legally responsible. Acting as an executor can be relatively straightforward, but it can become challenging for many reasons. Before appointing an executor, and an alternative, be sure to discuss the responsibilities with the person, so they can accept or decline.

One of the most important considerations when creating a Will is deciding who will be your executor. Since circumstances could change, and the executor you chose may not be available at the time of need, it is also important to choose an alternate executor(s) to be named in the Will.

Your executor is someone whom you can trust and is able to carry out the instructions you have set out in your Will. This is a big job, not an honour. Choose carefully! When selecting an executor, consider the following:

Does your executor live in Canada? If your executor is foreign, your estate may be subject to that country's estate taxation laws. Choose a Canadian resident. Is your executor able to handle the responsibility? It is a lot of work. Do they have the expertise? Are they organized, and able to deal with accountants and lawyers? Are

they emotionally strong? Can you trust your executor to carry out your wishes? Do the beneficiaries respect and trust the executor? Note that a beneficiary can also be an executor. Has your executor agreed to do this job? Do they know what it entails? If you have more than one executor, do they get along with one another? It is generally more expedient to appoint only one executor plus an alternate, rather than appointing multiple co-executors. If you do have more than one, it may be best to have an odd number, and to specify in the Will that the majority rules. Consider an executor from a younger generation. If from your own generation, your executor's age may influence their ability to carry out the duties.

Though costly, it is sometimes advisable to hire a lawyer, accountant or a professional trust company to be your executor. This is especially true with a complex estate, when there is a potential for discord or risk of litigation, or when you have no other suitable options.

A Will comes into effect only after the death of the Will maker. It may also be wise to make an Enduring Power of Attorney, if you become incapable while still alive.

7 Probate

If you're named as the executor in someone's Will, you may need to probate the Will. Probate is a procedure done in court that confirms the Will is legally valid and declares who the executor is. Financial institutions and others holding assets of the estate often require assurance the Will presented is legally valid before transferring funds or assets. The executor of the Will may also want assurance they legally possess the latest Will, in case another will surfaces later.

Probate is typically required when the estate assets consist of real estate (other than in joint tenancy), cars, or non-joint financial accounts. There is a probate tax that the court will apply if your assets are worth more than \$25,000. It's up to the institutions that hold the assets whether they'll transfer them to the executor without probate. To probate a Will, the executor applies to the Probate Registry, the official keeper of probate documents and records filed for the Supreme Court of BC. This is often done with the help of a lawyer.

If all of the necessary steps have been completed, the paperwork is in order, and the fees and taxes paid, the court issues a Grant of Probate. This document confirms that the executor has the authority to act on the Will. The executor can show the Grant to anyone who holds assets of the estate.

Probate is only required for estate assets. Not all things owned by the will-maker form part of the estate. Certain types of assets pass outside the Will. This means they can be transferred to someone without a Grant of Probate, though a copy of the death

certificate will still be needed. Common examples include assets held in joint tenancy, and assets with a designated beneficiary.

There are both taxes and fees. When the application is filed, if the estate has a value of more than \$25,000, a court filing fee of \$200 is required. After all steps have been completed and before the court will give you the Grant of Probate, the probate tax must be paid. This tax is based on a formula; roughly 1.4% of the gross value of the part of the estate over \$25,000.

The time frame for the Probate Registry to review and approve probate applications can vary considerably. Generally, the process takes two to three months. Once probate is granted, the executor can proceed with administering the estate. More information: peopleslawschool.ca

8 CPP Death Benefit

The Canada Pension Plan (CPP) Death Benefit is a one-time payment to the estate, or other eligible individuals, on behalf of a deceased CPP contributor. To qualify for the death benefit, the deceased must have made contributions to the CPP for a sufficient period of time, and if so, the benefit could be as much as \$2,500. It must be applied for, preferably within 60 days after the death has occurred. A spouse may also be eligible for a CPP Survivor's Pension, which is a monthly payment paid to the legal spouse or common-law partner of the deceased contributor. The CPP Children's Benefits provide monthly payments to the dependent children of disabled or deceased CPP contributors.

CPP Benefits can be applied for by completing forms which can be found on-line, or by filling in a paper copy. These can be mailed to the address on the form or taken to the nearest Service Canada office. The application must be accompanied by original or certified copies of the documents outlined on each form. If taken to a Service Canada office (950 Alder Street, Campbell River), a copy of the documents will be made from the originals, and an agent will provide help to complete the application.

It is primarily the executor named in the will who applies for the Death Benefit, but the person taking responsibility for making arrangements and paying a funeral home, the spouse, or next-of-kin could also be eligible. If the estate of the deceased did not have sufficient funds for a basic funeral, and those making the arrangements did not have sufficient available funds, they could apply to the Ministry of Social Development and Poverty Reduction to cover the funeral costs. In this case, the Ministry would receive the Death Benefit. If no one took responsibility for the body of the deceased, the Public Guardian and Trustee would be contacted. If there were sufficient funds in the estate, they would locate the next-of-kin and pay the funeral home costs from the estate.

In some cases, the person who dies may have assets, but very little cash. This can make it difficult for the executor or next-of-kin to take care of immediate expenses, including funeral home costs. If there was a home or property that could be sold, a probate fee would need to be paid before the sale could take place. If this describes your situation, you can plan ahead by purchasing a small life insurance policy, pre-paying expenses, or naming your executor as a beneficiary on an account which allows this. These are strategies for funds to flow directly to the executor promptly; settling an estate takes time and generally requires fees be paid.

The purpose of the CPP Death Benefit is to help pay for the costs of the deceased person's funeral home expenses. A proof of payment is not required; if a person chose to have a home funeral they would still be eligible for the Benefit.

9 Caregiving Near the End of Life

It is going to happen to each one of us - death. Though often a difficult conversation, it is as natural as birth. End of life care is as personal and varied as is each of us. What would you like at the end of your life? It is a good question, and the sooner you think about it and share it with your loved ones, the better. We never know when or how the end will come.

When a person's health is declining, Island Health can be called. A case worker will come and assess the person and their needs. With the goal of keeping them living in their own home for as long as possible, Island Health will supplement, but not replace, the care that is already being provided by the person's family, friends and community. It is advisable for a family member or friend to become an advocate. The person with poor health may have difficulty articulating or pressing for their own needs. Island Health may offer access to community care such as Adult Day programs, Caregiver Support, Assisted Living, Residential Care, or Respite Care. These programs come at a cost, though some clients are eligible for subsidization.

Residential care can have a long waiting list; it could take 24 months before a subsidized bed becomes available. These beds cost 80% of the client's income. Privately funded beds have a much shorter waiting time, and cost over \$7,000 per month. Although anyone can apply for a subsidized bed, priority is given to the person with the highest need. It is possible to begin in a private bed, and then apply for a subsidized one, later.

A person who falls, or whose health deteriorates to the point that it is unsafe for them to be at home, is sometimes taken to the hospital. Island Health assigns them a case worker and they wait in the hospital until adequate support can be arranged so they can go home again, or until residential care can be arranged and a bed becomes available.

Once again, an advocate to liaison with the assigned case worker is important to ensure the person is continually monitored and cared for.

Palliative care benefits are available to BC residents of any age who have reached the end-stage of a life-threatening disease or illness. These benefits are made available whether the person is in their own home, that of family or friends, or in a residential care facility or hospice. The PharmaCare BC Palliative Care Drug Plan covers the cost of palliative medications, while Island Health provides medical equipment and supplies. This is a team effort which seeks to affirm the life of the patient and improve its quality over a period of days, weeks, months or even years. No one has to die alone, or without care.

The Hospice Cottage at Yucalta Lodge in Campbell River is a four-bed, private hospice unit that began receiving patients in March 2017. These beds are managed by Island Health and prioritized by need. The Campbell River Hospice Society is a non-profit organization that provides compassionate support to children and adults experiencing end-of-life or grieving through a variety of services, at no cost. It seeks to ensure everyone in the Campbell River community, including the outer islands, has access to high-quality care through programs and services that offer counselling, companionship, and understanding.

Caring for a loved one can be intense, exhausting, and lonely. Connecting with a local support group is one way to reach out for help. Caregivers meet to share their concerns, offer support to each other, and discover new ways and resources to solve problems. Without self-care, the increased demands on a caregiver take their toll. The group is also helpful to those who want to have that difficult conversation with a parent or partner about needing extra care, or those who want to support family members who are caregiving a loved one here, or hundreds of miles away.

Sponsored by Quadra Circle and facilitated by qualified volunteer facilitators, a local Caregiver's Support Group meets twice a month at Quadra Island Community Centre. For more information, including the next support group date, contact Quadra circle (250-285-2255), Jessica Hammersmark (250-830-7930) or Denise Chisholm (867-335-6724).

10 Threshold Choir

Life is like a song. It has crescendos and rhythm and a beginning, middle and end. The Threshold Choir takes this song metaphor literally and uses it to comfort individuals who are ill or near the end of life, with music and harmony. While being sung to at their bedside, people have told the singers they feel less pain, anxiety and loneliness.

Threshold Choirs were the creation of Kate Munger. They have expanded from their origin in California in 2000 to two hundred choirs worldwide. Sixteen of these choirs are in Canada.

Locally, Pure Joy Threshold Singers were started in December 2017 by Mary Dennison, with members from Quadra Island and Campbell River. We meet once a month at the Quadra Island United Church at Cape Mudge and once a month in a members' home in Campbell River. Our choir accepts requests from families, hospice nurses, and others to sing for persons who are dying. The information below is from the Threshold Choir International website, thresholdchoir.org

When we are invited to a bedside, we visit in groups of two to four singers. We invite families and caregivers to join us in song or to participate by listening. We choose songs to respond to the client's musical taste, spiritual direction, and current receptivity. Most of the songs we offer are composed by Threshold Choir members specifically to communicate ease, comfort, and presence. Other pieces may include rounds, chants, lullabies, hymns, spirituals, and other choral music. We know that many communities of faith surround their members with this kind of circle of comfort, though because our songs are not religiously oriented, we hope our singing can be equally available to those who might be deeply spiritual, but not necessarily religious.

A session typically lasts about twenty minutes, but if there appears to be benefit, we might sing longer. Using soft, lullaby voices, we blend in harmony or sometimes in unison, if that provides the most comfort. We offer our singing as gentle blessings, not as entertainment, and we are honoured when a client falls asleep as we are singing. Most of our songs are very short, so their repetition is conducive to rest and comfort. Families have said that our presence helps them to "be" with their loved one after the "doing" is done. Often they will continue to sing for their loved one after we have departed. The service is our gift; there is no charge.

To make a request or join the choir, contact Mary Dennison singforpurejoy@gmail.com

11 Coma Therapy

A significant number of people will experience a coma in the process of dying. As people approach death, they often enter more or less remote states of consciousness for varying periods of time. These states may appear painful for the one dying and cause grief in loved ones. But coma therapists believe that altered states present opportunities, including a chance to complete unfinished business, explore meaning in life, and make spiritual connections.

In order to support a loved one who is near death, family and friends should become acquainted with some basic tools of coma therapy. These easy to learn skills can help

people in coma become more aware and communicate better with themselves, friends and relatives, and the larger world. Below are a few core principles of coma work:

- Presume that persons in coma are always communicating to some extent. We need to be astute enough to pick up their cues and reactions.
- Working with those in coma can be invasive if done thoughtlessly. It is important to always introduce yourself, ask permission to communicate, and pay close attention to feedback.
- If you attempt to communicate with someone in coma, they may show no change in the communication pattern. A lack of response indicates negative feedback. This means it is time to try something else.
- Whatever is happening during your interaction with a comatose person is potentially meaningful, including small changes in breathing, eye movement, a tear, a swallow, or a twitch of the body.
- Relating with people in altered states of consciousness, coma therapists pay attention to four channels of awareness: visual, auditory, body sensation, and movement. In most cases, simply paying attention to a person's breath will indicate which channel of communication may be open.
- Since the comatose person rarely speaks, it is important to respond to any movements or cues with blank access interventions; that is, speak in an affirming way about what you observe without judgment or evaluation. For example, if a tear appears, instead of presuming sadness, simply acknowledge that there is water coming from the eye. It could be a tear of joy or a mechanical reaction to something environmental.
- Coma therapy takes time. Be persistent with your communications and sensitive to feedback from the patient.
- Trust that by doing coma therapy you are helping your loved one or client to complete their inner work. If they do complete their inner work, they can use information from their inner and outer experiences to make important decisions, including coming out of coma, and life and death choices.

You need courage, awareness, and caution to communicate with someone in an extremely altered state. Trust your intuitions and body feelings. Consider purchasing one of the available resources that teach basic communication skills with comatose persons. Be willing to experiment with interventions, but respect your personal comfort limits. If you feel uncomfortable and tired, you can assume that your care receiver feels the same. If, after several attempts, you receive no response, say good-bye for the time being. Be willing to check out your presumptions and experiences with a trained professional or coma therapy manual. For everyone's safety, coma therapy should be done with supervision and consent from family and medical staff.

Summarized from American Book of Dying (Groves), using the work of Dr. Arnold Mindell.

12 Voluntarily Stopping Eating and Drinking

Voluntarily Stopping Eating and Drinking (VSED) is a natural way to end a life. As the organs of the body shut down and eating becomes challenging, the person facing their end-of-life may prefer to collaborate with the dying process by abstaining from food and water. Loved ones insisting on nutrition and hydration, sometimes by tube feeding and intravenous lines, may cause more physical pain, as life is prolonged unnaturally.

The ability of modern medicine to keep us alive as we grow older has changed how people die. Not long ago, it was common for a person to live in good health, then die relatively suddenly. Nowadays, any disease is often cured and the patient lives, but with a slightly decreased quality of life. As this process continues, along with the natural decline in our faculties and functions as we age, quality of life continually diminishes. Modern medicine, intent on saving life, may prolong one that has become burdensome.

In Canada, we can choose Medical Assistance in Dying. If we meet the established criteria, a health practitioner can administer a lethal injection to hasten our death. For some conditions, this brings relief from the prospect of an unbearable and prolonged death process. For others, it is yet another way to medicalize death, rather than collaborate with the natural processes of life. Not consenting to medical treatment is always a choice we can make, but all too often the medical system encourages treatment, and we are not made aware of how much our quality of life will diminish. Medical practitioners are trained to keep people alive and usually not skilled in facilitating the process of death. As a death phobic culture, we often put pressure on health practitioners to try yet another treatment.

VSED is a conscious decision made by a determined and well-informed individual which requires considerable support. The practice is often mistaken for fasting to death. However, fasting can last many weeks, whereas stopping all fluids and food usually brings death within 14 days. Some people express a sense of peace that they can “stop fighting”, and describe feelings of euphoria or pleasant light-headedness. Researchers believe that once a body becomes even mildly dehydrated, the brain releases endorphins which act as natural opioids.

Typically, during the first few days, people remain active but become weak, fatigued and increasingly sleepy. Feebleness sets in and dizziness may occur suddenly. Mental alertness is replaced by longer and longer periods of sleep, and the person may lose consciousness. Eventually the breathing becomes shallower and more irregular, then ceases. A knowledgeable health practitioner can usually manage any discomfort with medications. Proper oral care on a regular schedule can ease the symptoms of dry mouth.

Although an age-old practice, VSED is not well known as a way to hasten death. In a culture that values ease and efficiency, we are not educated on the benefits of choosing to slow down and consciously participate in the process of death. May we have a rich and satisfying life and grow to a ripe old age. When the time is right, may we approach death with courage, aware of the choice we have to withhold medical treatment and the ways to hasten death. Let our choices reflect our values, even when these do not align with those of our culture.

13 Medical Assistance in Dying

Canada's medical assistance in dying (MAiD) first came into effect in June 2016. It continues to evolve, with the latest changes expected in March 2024. The law "seeks to respect personal autonomy for those seeking access to MAiD, while at the same time protecting vulnerable people and the equality rights of all Canadians".

In BC, physicians and nurse practitioners can be trained to provide MAiD, if they choose to do so. To be eligible to receive MAiD, a person must qualify for government funded health services in their area (visitors to Canada not eligible), be at least 18 and mentally competent, have a grievous and irremediable medical condition, request the service of their own free will, and give informed consent.

To be considered as having a grievous and irremediable medical condition, a person must have a serious illness, disease or disability (excluding a mental illness), be in an advanced state of decline that cannot be reversed, and must experience unbearable physical or mental suffering from their illness, disease, disability or state of decline that cannot be relieved under conditions that he or she considers acceptable.

The person seeking MAiD does not need to have a fatal or terminal condition to be eligible. They must have received all of the information needed to make the decision, including a medical diagnosis, available forms of treatment, and available options to relieve suffering, including palliative care. For those whose natural death is not reasonably foreseeable, more safeguards are put in place, including an assessment period that must take a minimum of 90 days, though this could be shortened, if necessary. If a mental illness is the only medical condition leading a person to consider MAiD, they may not be eligible at this time.

MAiD is "a complex and deeply personal issue." There was heated debate before legalization which continues today over the expansion of MAiD to include youth, those with mental illnesses and disabilities, and whether MAiD can be part of an advance care plan.

Some believe all Canadians should have the right to have autonomy and control over their own death, for which MAiD is essential. Many who consent to MAiD choose to die

naturally. Just knowing their suffering can be relieved, if it becomes unbearable, provides peace of mind. Others, with no access to MAiD, may end their life prematurely while it is still possible for them to do so. For some, the ability to die without prolonged decline and suffering, and with loved ones present, provides for a meaningful and rich experience, a heartwarming memory for those left behind.

Others argue we do not provide adequate palliative care to those facing death, in which case MAiD becomes the only option to relieve suffering. There is concern that it is premature to begin providing MAiD for those with mental illness when there is simply so much work for Canada to do when it comes to improving mental health care. In a health care system burdened by resource constraints and burn-out, especially during the pandemic, there is concern that MAiD becomes motivated by economy and convenience, rather than care.

In Canada 2.5% of all deaths are by MAiD, and in Belgium and the Netherlands, which have been providing assisted dying for decades, 4%. Here on Vancouver Island the percentage is 7.5%. Clearly this is a relevant topic for each of us, and one we could do well to learn more about.

14 Physical Changes in Dying

Witnessing, for the first time, someone dying may be an unnerving experience, as they go through normal physical and mental changes. It may be very difficult to be present and impossible to learn about it while in the midst of the experience.

In bringing a baby into the world, there are opportunities to take classes, read books, and listen to the experience of others. In helping someone leave this world, we can also learn to trust, that just as the body innately knows how to birth, it also knows how to die. Although each person and journey is unique, having some knowledge about what to expect can equip us to be present and supportive. Following is a brief summary of what might be expected.

Withdrawal: The dying person may become less interested in everyday life and no longer enjoy the things that once gave pleasure. They may decline visitors, and sit quietly alone for hours. They may talk less, yet still communicate with touch or gestures. They may spend a lot of time asleep and be more difficult to awaken.

Disorientation: The dying person may pick at their bedsheets or clothing, or participate in other seemingly aimless activities. They may be confused regarding times, dates and events. They may become anxious or speak to people who we cannot see, often people who have already died.

Reduced Appetite: It is normal to eat less and less, and simply not be hungry. They may prefer only soft foods, and then only liquids. As the body shuts down, the dying person may just want to suck on ice chips to wet their mouth. We are told this is not painful.

Bowel and Bladder: Constipation and incontinence may become a concern. “Accidents” may begin to happen. As the dying person gets closer to death, muscles relax further and control becomes more diminished. The quantity of urine decreases and often becomes stronger and darker in colour.

Restlessness: The dying person may appear to be restless or agitated. They may seem confused, irritable, and appear to be in pain. This is common, and can be very distressing to those present. “Terminal delirium” is marked by extreme restlessness and agitation and may happen when the person is close to death. Medications may need to be adjusted. It is important that caregivers realize that what they imagine is happening may be very different from what the dying person is experiencing. If the ability to communicate has been compromised, pay attention to any signs that communication is happening in a new way.

Temperature and Skin Colour: As circulation decreases, the dying person’s extremities begin to cool although their body is warm. They may feel hot and clammy one minute, and cold the next. Hands and feet, and then arms and legs, may become blotchy and mottled. Lips and nail beds become purplish or blue. Skin may take on a pale yellowish or bluish complexion.

Increased Energy: There may be a brief surge in energy, alertness, and engagement. The dying person may want to get out of bed and talk to loved ones, and show interest in food again. This is common and lasts only a short time.

Breathing: Breathing may slow down. It may stop briefly and then restart again. There may be periods of no breathing for up to 45 seconds, followed by deeper and more frequent respirations. Breaths may be spaced further and further apart. Breathing may be shallow and quickened, or slow and laboured. The dying person may gasp for air. Secretions may pool in their throat, causing a gurgling sound. When loud, this is often referred to as the “death rattle.”

Although the above list may be disconcerting, familiarity with the process may enable you to trust and relax into it. Being with a dying person right to the end, where the two worlds touch, can be a great privilege. “There is no greater honour than to be with another as they journey Home.” – St. Brigit of Kildare

15 Donating Your Body to Science

The Body Donation Program in the Faculty of Medicine at the University of British Columbia (UBC) has been in service since 1950. Over the years, many individuals have donated their bodies for the purpose of anatomical study and medical research, making a very special and valuable contribution to the education of our health care professionals and the communities they serve. The growth of the UBC Faculty of Medicine has created an increased need for donated anatomical material required for educational and research purposes. In order to obtain detailed and essential knowledge of the structure and function of the human body, future doctors, dentists, rehabilitation therapists and scientists must study human remains as part of their training. The donation of one's body is a very special gift to the future healthcare professionals of our community. (from the UBC website).

If you would like to donate your body to science, this should be arranged prior to your death. Since not all registered donors are suitable, it's also important to make alternate arrangements. You can simultaneously register with the BC Transplant Society, but if solid organs have been removed for transplant (other than corneal transplant), body donation is not possible.

To arrange a donation, contact the UBC Body Donation Program <http://cps.med.ubc.ca/bodyprogram> or 604-822-2578. If accepted, UBC and a close family member or your physician would retain a copy of your consent form. As soon as possible after death has occurred, your executor, next of kin, or health care professional would contact the UBC Body Donation Program. After obtaining a medical history, the UBC staff would determine if the body is still appropriate for donation. The body must be received within 72 hours of death, so a prolonged delay in notification, particularly from outlying areas, can result in the decline of the donation.

If the donation is accepted, all transportation and eventual cremation costs are covered. The body would remain in the care of the University for a period of six months to three years. Those who donate their bodies to the medical school can be assured that all human remains are accorded anonymity, confidentiality, dignity and respect.

The Vancouver Sun, July 4, 2022 reported that Mr. Moore from UBC said, "We train about 1,000 students a year in the anatomy lab. All of these health care professionals will use the anatomical knowledge they have learned here every single day of their professional lives. Since they will be practising for 30-40 years, and every donation trains as many people as possible, every donation will impact the health and well-being of thousands of people in the coming years. It's a remarkable gift to humanity."

16 Selecting a Funeral Home

Before the 1860's, families and communities took care of their own dead. Historian Mark Harris noted in his book, *Grave Matters*, that it was after the American Civil War this changed. The bodies of fallen soldiers were routinely embalmed before being transported back to their families in the north. In 1865, Abraham Lincoln's embalmed body was viewed publicly for two weeks as it travelled from Washington, DC to Springfield, Illinois. The public began to see embalming as an acceptable way to care for, and even honour, their deceased. Families were always capable of washing, dressing, and burying their dead, but as the demand for embalming rose, a trained undertaker was needed for this rather complex procedure. This led to our funeral industry.

Thanks to modern refrigeration, embalming is seldom necessary. Even so, modern day funeral homes provide an important service to our communities. They transfer the deceased from a home or hospital to one of their facilities; store the body in a refrigerated unit; complete the necessary paperwork; sometimes embalm/wash/dress/set features on the body and offer viewing; provide a casket or urn; post obituaries; and transport the body to a cemetery, crematorium, or other funeral home. They can also arrange or help arrange a service, as well as provide emotional support.

Funeral homes are businesses and strive to be competitive and profitable. After a death, when stress and emotional levels may be high, it can be difficult to make decisions. A salesperson might use subtle ways to imply that you should spend more money by choosing unnecessary embalming, expensive caskets, and elaborate funeral services.

While you are still alive, you can select a funeral home that will provide the level and type of service you need, within your budget. Many funeral directors are caring, knowledgeable, and available. Shop around. Visit funeral homes in your area, talk to funeral directors, and request price lists. Ask your friends about their experiences. Be wary of a funeral home that will list the price for a cremation, but when questioned further, let you know there will also be a charge for the box and transportation to the crematorium. Cost is only one factor to consider; some funeral homes run as impersonally and efficiently as a fast-food drive-through. Choices come with environmental price tags as well. Once you've done your research, document your wishes and ensure your executor knows what you have arranged.

It is legal for families to care for their own at death, which can be empowering and meaningful. On Quadra, Community-Led Death Care volunteers are available to guide and support those who choose this approach. However, there are situations in which a funeral home is necessary, and some providers are flexible and will support families to do as much as they can themselves.

Plan ahead. Gather information, select the funeral home or process that aligns with your values, and document and share your wishes with those close to you.

17 Benefits of a Home Funeral Vigil

After a loved one dies, why keep the body at home? What advantages are there to undertaking the death related tasks ourselves? Don Morris, a death educator from Victoria and one of our teachers, has written the following:

Enhances participation: Home funeral vigils offer opportunities for participation, which fosters healing from grief. Rochelle Martin of Ontario's Home Funeral Alternatives says, "family and friends become involved in the many tasks of the vigil process, creating a spirit of community. Most people are grateful for an opportunity to show their love by helping. They feel useful and needed, rather than at a loss for what to do, during this difficult time."

Shifts locus of activity and control: You can let go/say goodbye to a loved one when you decide to, in the comfort and security of your home or at another vigil site. A sense of sovereignty (freedom) and empowerment is yours when you break your dependence on commercial funeral directors (to whatever degree you choose, circumstances legally permitting) for the care of a loved one.

Slows things down: Home vigils provide lots of time to absorb and accept the harsh reality of death, and for the final, beautiful expressions of love. You create your own end-of-life rituals and help shape Canadian culture with other courageous, pioneering, like-minded souls. You, your family, friends, and community circles can craft/fashion all kinds of creative, personalized rituals and ceremonies expressing respect, love, joy, gratitude, etc. for a loved one. Together, you can fashion a healthier and greener culture instead of simply accepting/consuming what funeral professionals currently offer.

Positive modelling for children: When adults are grieving, praising, laughing, crying, honouring; dealing directly with death in a home setting, children develop less death denial and related neurosis as adults.

Positive modelling for other adults: When adults reclaim lost aspects of family and community-led death care, including building/painting/decorating/personalizing caskets, designing and performing all kinds of wonderful healing rituals, it encourages others to do likewise.

Environmentally respectful and cost saving: Home Funerals forgo the use of metal caskets, concrete burial vaults, and, when possible, embalming. Cost savings when you 'do it yourself' are very large.

18 Care of the Body at Home

Many people are not aware that in British Columbia it is legal to care for a body at home. Family and friends are allowed to sit with, wash, dress, and otherwise tend to the body. They can build a casket, make funeral arrangements, and provide transportation to the cemetery or crematorium. There is no legal requirement to use the services of a funeral home. Flexible funeral homes will work with a family, providing only the services requested, while others claim they must take care of everything.

In our community, there are a group of volunteers who can guide and support families with whatever choice they make, including having a body in the home, referred to as a home funeral. More information: communityleddeathcare.ca This approach is not new, but rather an older way to be with death that has been practiced for thousands of years.

Many of us have little or no experience with the deceased, and are understandably nervous about tending to a body in our home. The person is no more dangerous in death than they were in life; we can continue with the same precautions used when they were sick. To keep the body cool, we can open a window and/or use ice. Cindea.ca is a helpful website that provides information about the practical aspects of closing the mouth and eyes, washing, dressing, and moving someone.

If tending to a body and/or having it in your home is a choice you might consider, it is wise to know what to expect, and ideally, make preparations before death occurs. When a person dies at home of an expected and documented cause, the body can remain there. When a person dies in the hospital, once the doctor or coroner completes their paperwork, the body can be brought home. Transportation can be provided by private vehicle or funeral home.

It can be a powerful experience to have the body present and tend to it. Death often comes as a shock, and it is difficult to grasp that the loved one has actually died. Having the body present keeps returning us to reality, painful though it may be. Some families choose to have the body in the family space, while others prefer a bedroom or lower floor. As often as they feel a need, people can sit with the body, touch it, talk, cry, sing, read, all in the setting of a familiar home. With support, children can be more naturally present and engaged in the process.

Death and grief are difficult to navigate. We may channel intense emotions into conflict, being overly busy, or finding ways to numb or distract ourselves from the pain. With the body present, loss and grief remain central. As a shared task, washing and dressing the body can become a simple and poignant ceremony. Building the box, if there are people able to do this, provides another way for grief to express itself tangibly. Some may pour their emotions into decorating the casket. The body makes the space sacred; it helps us slow down and connects us to our necessary grief.

In knowing and exploring what is possible, we can make choices that align with our values. While we understand death to be part of life, our usual practices separate us from it. Let us participate in the death-related tasks as fully as we are able.

19 Community-Led Death Care

After meeting for several years, some Way To Go members, inspired by folks from Denman Island, created a service called Community-Led Death Care. This group of volunteers are ready, even on short notice, to provide practical and emotional support to those approaching or navigating death. In the past, communities cared for their own at death, simply and naturally. Death was a part of life, and the care was shared by friends and neighbours. Community-Led Death Care volunteers are your friends and neighbours, knowledgeable, willing and able to lend helping hands.

Many people are not aware that in British Columbia it is legal to care for a body at home. Family and friends are allowed to sit with, wash, dress, and otherwise tend to the body. They can build a casket, make funeral arrangements, and transport the body to the graveyard or crematorium. Participating in these tasks and accompanying a body right to the end can be enriching. The following is an account of a recent Community-Led Death Care experience, as told by one of the volunteers.

Although his preference would have been to die in his home, this lovely elderly gentleman died in the Campbell River hospital. A community member made the widow aware of the group of volunteers who could assist her through the process. Although she hadn't known what was possible, it didn't take her long to decide that, with guidance and support, she wanted to be involved in the tasks required to return her husband's body to the earth.

Community-Led Death Care volunteers picked up the body from the hospital. Before bringing it to her home, they stopped at a private house and removed the plastic body bag and hospital identification, viewed it so they could tell the widow what to expect, and wrapped it in a blanket. At the widow's request, they laid him out on her kitchen table.

With the help and support of two volunteers, she washed, dressed, and lovingly tended to her husband's body. A local carpenter built a box which was delivered, along with a meal his wife had made, to her home. Although her plan had been to casket the body, she wanted it left overnight on the table, and covered it with a thin veil. A volunteer offered to spend the night with her, but she declined.

The next day volunteers helped her casket the body and transport it to the nearby cemetery, where friends and neighbours had gathered. A simple graveside service was held, and the body was lowered into the grave by those who knew him.

The widow was touched that her community came together and helped her during a time when she needed it, and that there were meaningful tasks that she could participate in. She was warmed by how many people came to the cemetery to honour her husband and pay their respects. Each volunteer who helped was grateful they could contribute in a way that was meaningful and felt right.

Contacts for “Quadra Island Community-Led Death Care” are in the Quadra phone book under Clubs & Organizations. More information: communityleddeathcare.ca

20 Documentation Required When a Death Occurs

When a person dies in British Columbia, burial or cremation cannot legally take place until the death has been registered with the Vital Statistics Agency. The executor named in the Will is responsible for this (if no Will, then the next of kin). Although it is usual to hire a licensed funeral director to do this and other death-related tasks, the registration documents could also be obtained by the executor, a family member, friend, or volunteer.

Bringing death back into the stream of life could involve keeping a body in the family home for a period of time after a death has occurred. Family and/or friends can tend to and prepare the body, light candles, say prayers, sit with the deceased, hold a wake, or do whatever is meaningful to them. Family and friends can transport the body to the cemetery or crematorium themselves, following a set of rules. This do-it-yourself or home funeral approach needs to include registering the death.

Community-Led Death Care volunteers are available to guide, support, and assist with the death registration process and other death-related tasks. On their website is a link to “Documentation Required When a Death Occurs”, where each step of the process is outlined in detail. See communityleddeathcare.ca

Taking responsibility for the death-related tasks ourselves is a considered alternative, which is why planning ahead is important. It is challenging to navigate unfamiliar territory during a time when overwhelming emotions may reduce the ability to think. Creating a plan and preparing for death while still healthy, or when a death is expected, is prudent. Request help by emailing help@communityleddeathcare.ca

In order to register the death, the Vital Statistics Agency requires a considerable amount of information about the deceased, proof of identification, proof of Social Insurance Number, and a copy of the Medical Certification of Death. A physician, nurse practitioner or coroner is obligated to complete and sign this document within 48 hours after the death occurs. When a death is expected, it is helpful to let the health practitioner know before the death occurs that you are keeping the body at home and would like a copy of this document as soon as possible.

The Vital Statistics Agency is open only during regular business hours. This can influence the length of a time that occurs between the death, and burial or cremation. While funeral homes use refrigerated storage units, family and friends are usually relying on ice to keep the body cool. Once again, it is wise to plan ahead so the registration process can be completed as soon as possible.

After the Vital Statistics agent enters the information, they create a Death Event document for the family to check, and then issue a Burial Permit and Acknowledgement of Registration of Death. This document is usually referred to as a “Disposition Permit”, as it is required for burial or cremation. The executor can now order the number of Death Certificates they think they will need to administer the estate.

The process to register a death with the Vital Statistics Agency is free. Although not difficult, knowing each of the steps and completing them correctly and in a timely fashion can be challenging for many people, and especially for a family in the midst of dealing with a death. Whether you intend to keep the body at home, or not, planning ahead helps. Rather than scrambling for paperwork, those you leave behind are available to attend to their grief.

21 Death Certificate

Medical Certification of Death or Death Certificate? These are two distinctly different legal documents that are often referred to as the Death Certificate, creating confusion. The Medical Certification of Death or Coroner’s Medical Certificate of Death is a document completed and signed by a physician, nurse practitioner, or coroner. It includes the name of the deceased, and the date, time, place, and cause of death (although the coroner may fill in the document with the cause pending). It must be completed within 48 hours after the death has occurred. This medical document, which belongs to the estate of the deceased, is typically requested by a funeral home, but can be obtained by the executor or next of kin taking responsibility for the deceased. It is required for a death to be registered with the Vital Statistics Agency, which is necessary before a cremation or burial can take place.

A Death Certificate is a document that is used as proof of death, which survivors need in order to apply for benefits or insurance, and to take care of the administrative tasks of settling an estate. Death Certificates become available only after a death has been registered with the Vital Statistics Agency. A funeral home typically registers a death, but a family can do this by taking the required information and documents to a Service BC location, or faxing or emailing them to the Vital Statistics Agency in Kelowna. The Medical Certification of Death is one of the documents needed for this registration process.

On Quadra, Community-Led Death Care (communityleddeathcare.ca) volunteers can assist families with this paperwork. After registration, Death Certificates can be obtained from the funeral home (if used), or by ordering them from the Vital Statistics Agency online or by telephone. Typically, the executor or administrator of an estate requires at least two Death Certificates, costing \$27 each, but sometimes none are necessary.

A Medical Certification of Death is not a Death Certificate, although even some health professionals call it this. It is necessary to register a death. Once registered, Death Certificate(s) can be obtained. The Death Certificate is used as proof of death and is usually needed to take care of the administrative tasks of settling an estate.

22 Transporting Human Remains

Typically when we make funeral arrangements, we rely on a licensed funeral home to provide the transportation for human remains. However, a legal representative of the deceased (executor, next-of-kin) can take personal responsibility for the transfer of their deceased loved one. The body must be handled in a safe, dignified and respectful manner; there are processes to follow and there is paperwork to be obtained.

Before the private transfer can occur, an application must be submitted to and approved by Consumer Protection BC, the government body responsible for cemeteries and the transfer of human remains. The Private Transfer Permit Application is easily found online. Once completed and signed by the executor or next-of-kin, it can be emailed to operations@consumerprotectionbc.ca. The office prioritizes these requests and the application may be granted within a few hours. However, the office is only open Monday to Friday, 8:30 am to 4:30 pm. If a death is expected to occur over a weekend, an application can be made prior to the death occurring. The signed Private Transfer Permit Application must be attached to the box during transport.

The other document which must be attached to the box during transport is a Burial Permit and Acknowledgement of Registration of Death. This requires a more lengthy process to obtain. (see Way to Go Guide article 20)

Before a transfer can be made to a cemetery or crematorium, appropriate arrangements need to be made. If the deceased is to be cremated, a Cremation Authorization form must be completed by the legal representative. Not all crematoriums will open their facilities to families; to use the only crematorium in Campbell River you must deal with the associated funeral home. Sutton's allows private transfers to their crematorium in Courtenay, as does Yates in Parksville and HW Wallace in Duncan.

A typical vehicle for transport is a mini-van, SUV or pickup truck with a canopy. During transportation, the deceased must be placed in an enclosed, rigid, leak-proof container

and not visible to the public. Also, the person transferring the remains must be in the vehicle or it must be locked and secure at all times.

Quadra's Community-Led Death Care has a transport container available for the community to use, as well as volunteer drivers with suitable vehicles. They would be grateful for more volunteer drivers and/or vehicles.

A Private Transfer Permit is only valid while transferring a deceased within British Columbia. Outside of British Columbia, permits must also be obtained from other provinces.

A death can often result in many difficult decisions being made in a very short period of time. By knowing your options beforehand and planning ahead, it is more likely that decisions made will align with your values, rather than those of a commercial system.

23 Natural (Green) Burial

As people become aware of the environmental impact of both conventional burial and cremation, natural burial is becoming a choice in more and more communities. Simple in-ground burial is not new, but a return to an older way of burying our dead. In Canada, graves are not re-used. The body interred in a natural burial cemetery nourishes the soil, feeds new growth, protects the space from development, and becomes part of a living ecosystem indefinitely.

On Quadra Island, there is an area on the south side of the community cemetery designated for natural burial. There have been several burials in this area since it became available in 2020. Each grave is marked with a biodegradable marker and covered in foliage to promote natural regrowth. In the future a memorial structure will be built; a permanent place to commemorate those buried in this area.

In natural burial, the non-embalmed body is clothed or wrapped in biodegradable material such as cotton, linen, or wool. It can then be placed in a simple biodegradable box. It is preferable that the box (optional in many natural burial cemeteries, but required on Quadra) be made from locally sourced materials. The simple grave is dug shallow enough to allow for rapid natural decomposition, but deep enough so the body will not be disturbed by wildlife.

The simplicity of a natural burial encourages (but does not require) the participation of family members and friends who can prepare the body, build the box, transport it to the cemetery, and lower it into the grave. This can be a very personal and low-cost alternative to conventional practices. Community-led death care volunteers can guide and support families who wish this.

The first urban green burial site in Canada opened in Victoria in 2008, as part of the Royal Oak Burial Park. The Denman Island Natural Burial Cemetery, opened in 2015, was Canada's first exclusively green cemetery. Campbell River, Cortes, Cumberland, Parksville, Salt Spring, and Victoria are neighbouring communities which offer both conventional and natural burial.

The Quadra Island Cemetery Society volunteers maintain the cemetery and manage the burials for our community. Contact information for them can be found in the Quadra phone book, under Clubs & Organizations. The cemetery is available to Quadra residents past and present, and, thanks to the many volunteers who have been involved with the cemetery for over 100 years, the plots are affordable. They can be purchased in advance of a death. More information: greenburialcanada.ca. "I thought the earth remembered me, she took me back so tenderly ..." Mary Oliver

24 Aquamation

Aquamation is a method of cremation that is significantly more environmentally responsible than fire-based cremation. Also known as alkaline hydrolysis, resomation, and water cremation, it involves liquefying the body under pressure in a mixture of potassium hydroxide and water. The decomposition process is the same as that which occurs naturally when a body is buried, but at an accelerated rate. Although available in Saskatchewan, Ontario, Quebec, Newfoundland/Labrador and the Northwest Territories, aquamation is not currently an option in BC.

A casket is not used. The body, shrouded in biodegradable material, is placed inside a pressurized steel container. The chamber is filled with a mixture of 95% water and 5% alkali, then heated to about 150° Celsius (temperature varies with equipment). The solution circulates around the body, dissolving all of the soft tissue in several hours. The liquid is sterile and can be recycled through the normal wastewater treatment facility or repurposed as fertilizer. As in flame-based cremation, the skeletal remains are pulverized and returned to loved ones to do with as they wish.

Aquamation was brought to public attention by Archbishop Desmond Tutu, long known as an anti-apartheid activist and theologian, but also a champion of environmental causes. By choosing aquamation before his death on Dec. 26, 2022, he brought this method to public attention.

According to the Funeral Consumers Alliance, alkaline hydrolysis uses 1/8 of the energy and leaves less than 1/4 of the carbon footprint of flame cremation. No mercury emissions are released and no fossil fuels are used. Joints and implants, even plastic ones, are recovered. Aquamation has been used for bodies at the Mayo Clinic since 2005, in the funeral industry since 2011, and is currently legal for pets in BC.

The public reaction to water cremation appears similar to that when flame cremation was first introduced. Many found the process of applying intense heat and fire to burn a body, and then have the leftover bone fragments ground into a powder, disrespectful. Water cremation is gentler and more natural. Once established, water cremation will cost about the same as flame cremation.

Natural burial is currently the only eco-positive method for returning a body to the earth. We are fortunate to have this option on Quadra, and that it is affordable here. But with the cremation rate well over 80% in BC, and with so many of us aging, we need this environmentally responsible alternative to flame cremation available in our province. Please help bring aquamation to BC by signing the on-line petition at aquamationbc.ca

25 Creating a Meaningful Service

The purpose of a service after death is the gift of closure for the grieving. It is a hallowing of the life lived, a form of communal goodbye, a willingness to let the deceased go on their way with love and affection. Whether it is called a funeral, a memorial, a celebration of life, or a gathering, it often includes tears, laughter, music, and a deep appreciation of the person remembered. The body is present at a funeral service, but not at a memorial service, although an urn of ashes may be there.

Someone is chosen to organize, lead, and present the service as part of, or on behalf of, the family, loved ones or friends. The service leader or officiant meets with the bereaved persons, listening carefully and deeply with empathy to determine what is wanted to honour and celebrate the deceased. The leader is diplomatic and comfortable with tears and silences while decisions and arrangements are made. The leader remains in close, respectful contact, and is available to the family or others.

In planning the service, the leader and other planners establish a date, time and place, hopefully a place of meaning to the deceased, where family and friends may gather in comfort and memory. Based on the primary planning session, the leader drafts an order of service and connects with chosen participants. The leader considers the words to be used, the eulogy, music, songs or hymns, readings or prayers, designated speakers and musicians, so that they integrate into a collective whole.

Although the eulogy is anything said about the deceased, we have come to consider it as a major spoken piece, which usually covers part, or all of, the life of the deceased, and is usually presented before other speeches, excepting those of the leader, signifying its prominence. Special consideration is given to selecting the person to write and deliver the eulogy, hopefully one who is able to be concise (5-7 minutes), who has emotional control, and feels free to bring the deceased alive with both seriousness and humour. The leader may ask to hear the eulogy read, as a rehearsal, and to ensure there are no conflicting details.

Splashes of colour might be added to the room with flowers, special belongings, photos, or collections of the deceased that might be given away to the attenders at the close. If an electronic presentation is to be included, light, sound, technology, and length (7-10 minutes) should all be considered and tested, so the presentation goes smoothly.

It is important that the service not be longer than 45 to 60 minutes. If there are to be many presentations, the leader might suggest they be part of the reception, wherein, after a break for refreshments, the attenders may be called back to hear more speakers. If food is to be provided, the starting time of the service might be such that the food could be served at a usual eating time.

The leader may also help with an obituary for publication. Considering how costly it could be, the family or others might determine the cost in advance, so that the obituary can be written accordingly. If to be included, the family or others might review pre-deceased family members, so no one is forgotten.

In closing, a fragment from Nelly Sachs' *How long have we forgotten to listen!*
Press...the listening ear to the Earth....
You will hear, How in death, Life begins.

26 Grief and Loss

The five stages of grief were first identified by Elizabeth Kübler-Ross in 1969 as Denial, Anger, Bargaining, Depression, and Acceptance. Grief isn't a linear process. It isn't as if we experience stage one, followed by stage two, etc. When we're struck by grief, we're all over the map, consumed by one major feeling and cycling through different aspects, moment by moment. Grief upsets our equilibrium and brings us to our knees. Our resistance and internalized judgments cause havoc with us, and we are faced with learning to surrender to the process of grief. One way to look at grief is that it reflects back the depth of our love.

Denial helps us to survive the impact of the loss. The world becomes meaningless and overwhelming, such that life makes no sense. We're in a state of shock and denial. We go numb. Denial is actually akin to a pressure valve, as it helps us deal with feelings only to the extent we can handle in the moment.

Anger can feel overwhelming and scary in the grieving process. It's important to be willing to feel the fullness of our anger. We will feel anger about our helplessness, and it can seem endless. We could feel anger at the person who died, at our loss of ability to make amends or resolve issues. We could be angry with God. However, anger can propel us into action. Many other emotions beneath the anger need to be acknowledged and dealt with over time.

Bargaining can be present before a loss, when it might seem like you will do anything if only your loved one would be spared. “Please God,” you bargain, “I will never be angry at my wife again, if you’ll just let her live.” After a loss, bargaining may take the form of a temporary truce. “What if I devote the rest of my life to helping others? Then can I wake up and realize this has all been a bad dream?” We become lost in a maze of “If only...” or “What if...” statements. We want life to return to what it was; we want our loved one restored. We want to go back in time: find the tumour sooner, recognize the illness more quickly, stop the accident from happening... if only, if only, if only. Guilt is often bargaining’s companion.

Depression often comes onto the scene after bargaining, as our attention moves squarely into the present. Empty feelings present themselves, and grief enters our lives on a deeper level, deeper than we ever imagined. This depressive stage feels as though it will last forever. It’s important to understand that this depression is not a sign of mental illness. It is the appropriate response to a great loss. We withdraw from life, are left in a fog of intense sadness, even wondering, perhaps, if there is any point in going on alone? Why go on at all? Depression after a loss is too often seen as unnatural: a state to be fixed, something to snap out of. The loss of a loved one is a very depressing situation, and depression is a normal and appropriate response. To not experience depression after a loved one dies would be unusual. When a loss fully settles in your soul, the realization that your loved one didn’t get better this time and is not coming back is understandably depressing. If grief is a process of healing, then depression is one of the many necessary steps along the way.

Acceptance is often confused with the notion of being “all right” or “OK” with what has happened. This is not the case. Most people don’t ever feel all right about the loss of a loved one. This stage is about accepting the reality that our loved one is physically gone, and recognizing that this new reality is a permanent one. We may never come to like this reality or make it OK, but eventually we accept it. It is the new norm with which we must learn to live. Now, we must try to live in a world where our loved one is missing. In resisting this new norm, at first many people want to maintain life as it was before a loved one died. In time, however, through gradual acceptance, we see that we cannot.

You may wish to read The Wild Edge of Sorrow by Francis Weller. Weller reminds us we must all take an apprenticeship with sorrow, and that grief has a way of ripening and deepening us. In life we will lose everything that we love. We don’t deal well with loss in our culture. So many of us have judgments and repressed feelings around grief. The internalized pressure to ‘get over it’ and ‘move on’ actually hurts us deeply. Grief takes its own time and actually ripens us to the depths of who we really are.

For support in the grieving process, contact Campbell River Hospice at 250-286-1121.

