



CHRIST CHURCH

EPISCOPAL

Christ-Centered Advance Care Planning

"No one walks alone."

A Ministry of
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Overview

Mission

Christ-Centered Advance Care Planning seeks to inform and influence adult parishioners of Christ Church to be purposeful about important life decisions.

The intent of *Christ-Centered Advance Care Planning* is to address the needs of people of all ages and family situations.

- Young families who are concerned about their futures and of the futures of their children
- Adults who are retired or approaching retirement
- Adults making end of life decisions
- Adult children caring for aging parents
- Single adults with or without immediate families

Whatever your familial circumstance, *Christ-Centered Advance Care Planning* will help you make important life decisions and communicate them to family and loved ones.

How It Works

The Christ Church Pastoral Care Ministry Team designed *Christ-Centered Advance Care Planning* to help people reflect, plan, and communicate important life decisions.

Christ-Centered Advance Care Planning is a process that contains a series of sessions, planning tools, and questionnaires to benefit individuals as they talk to their families and friends about their decisions. Additionally, the process is supported by Christ-Centered Advance Care Planning Ministers – lay people trained to walk with individuals through completion of the *Christ-Centered Advance Care Planning* tools and questionnaires.

We invite you to discover and engage in an intentional journey with Christ as we joyfully and thoughtfully embark on making decisions about Christ-Centered Advance Care Planning at any age.

Planning Process

The *Christ-Centered Advance Care Planning* process has been developed to assist you in making well-informed and thoughtful decisions about the rest of your life. The *Christ-Centered Advance Care Planning* process helps people organize their thoughts around major life choices and decisions. It assists them in understanding important values, making choices and decisions while cognitively able, and letting those choices be known to loved ones. The *Christ-Centered Advance Care Planning* process or journey provides a roadmap with the following steps:

- Pray for guidance from God
- Examine the sections in the *Christ-Centered Advance Care Planning* guide
- Consider your values
- Seek support from Christ-Centered Advance Care Planning Ministers
- Fill out questionnaires
- Converse with your family on multiple occasions
- Communicate decisions with family and other support systems
- Review the *Christ-Centered Advance Care Planning* decisions on a yearly basis

As you begin this journey, approach each session with prayer to ask for guidance and direction from God. You may pray one that expresses your specific hopes and desires, or you may use one found in *The Book of Common Prayer* such as the *Prayer for Guidance*.

Direct us, O Lord, in all our doings with your most gracious favor, and further us with your continual help; that in all our works begun, continued, and ended in you, we may glorify your holy Name, and finally, by your mercy, obtain everlasting life; through Jesus Christ our Lord. Amen. (BCP, p. 832)

After that, the next steps are to examine the *Christ-Centered Advance Care Planning* guide and consider your values. These sessions are designed to help you organize your beliefs and values in order to make thorough decisions about life planning. The guide helps you begin to consider what is important to you and leads you to have these discussions with those most important to you. While there are questionnaires to assist you, this process is not merely about filling out forms. The process is about considering your values and making decisions accordingly. Keep in mind that the guide may be more than you need or may help you consider other areas of your life that are not included. As you approach each section in the *Christ-Centered Advance Care Planning* guide, visit and revisit the questions multiple times to ensure that the decisions you make in each area support your overall plan for Christ-Centered Advance Care Planning all the days of your life and beyond.

Having conversations with loved ones about these decisions is the next vital step in the process. Communicating decisions now regarding how you wish to live all the days of your life is one of the greatest gifts you can give to both yourself and your family. Again, these decisions go beyond completing and signing a piece of paper, whether that be a Will, a

Health Care Directive, or a beneficiary form. It means not only making these decisions but also having conversations with loved ones about your wishes – and not some of your family but all of them. These conversations are not to be feared; indeed, they can remove fear.



Many people believe such conversations are important, but few have actually had the conversation with loved ones. Making these decisions gives the gift of peace of mind to you and your loved ones.

Concurrently, as you converse with your family and study the guide's questionnaires, talk with your spiritual guides, doctors, financial and legal advisors and discuss what is most important to you. Decisions made now will significantly impact not just what will happen at your death, but what will happen to enable you to live well all of the days of your life. Any decisions can be changed as these guides are intended to be living documents.

Fortunately, there is support as you undertake this journey. The *Christ-Centered Advance Care Planning* process is intended to be a guided one with the help of a trained Christ-Centered Advance Care Planning Ministers who are available through the Pastoral Care Ministry. Periodically, introductory workshops will be held at Christ Church, Ponte Vedra, to help participants get started. If you are interested in talking to a facilitator or attending one of these workshops, call the church office.

Finally, it is recommended that you review all the materials you have completed, perhaps annually around your birthday, or when significant life events occur. Typical events might include birth or adoption of a child, marriage, divorce, death of a loved one, or a medical challenge/diagnosis.

Your Values

Your core values may be defined as what you believe to be of worth and important to your life. Understanding your personal values will assist in making this process more meaningful to you and your family.

Before you continue, take some time to consider your values and to fill out the Values Questionnaire on the following pages. Identifying values is critical in the *Christ-Centered Advance Care Planning Process*. It is also important to reflect on the values of this ministry, which are the same values as those at Christ Church.

- Our Foundational Value Is Love: God's Love for Us and Our Love for God
- Supporting Values:
 - Love for each other, neighbors, creation, and self
 - Open and understanding hearts

- Respect of individuality
- Engagement with the gospel
- Spiritual growth
- Serving and supporting parish, community, world

It is just as important for you to identify your own values and priorities. Your values are very important in how you live your life and the decisions you make. The attached list includes values that may be important to you as you consider the rest of the questionnaires and discuss important issues with your loved ones. **Before you complete each of the questionnaires, it may be helpful to look back at the Values Questionnaire.**

As you consider your beliefs and make decisions about your values, begin with this prayer to ask God's guidance.

Direct us, O Lord, in all our doings with your most gracious favor, and further us with your continual help; that in all our works begun, continued, and ended in you, we may glorify your holy Name, and finally, by your mercy, obtain everlasting life; through Jesus Christ our Lord. Amen.

Values Questionnaire

What we value in life and in our final days is important for us to recognize. Complete this exercise to determine what is important to you. There may be other values that are important to you but not listed here. Please add them and describe how they are important to you.

Spiritual Values

1. My spiritual beliefs are important to me. (Check all that apply)

- ☐ A belief in God
- ☐ A belief in Jesus Christ
- ☐ A belief in an afterlife
- ☐ A belief that God/Christ lives within me
- ☐ Other _____
- ☐ Other _____

- The following beliefs (from above) are most important to me...(List)
- I believe God wants _____ from me during my lifetime.

Estate Planning

1. It is important to me to have all my affairs in order. (Check all that apply)

☐ I have my affairs in order.

☐ I need to get my affairs in order.

☐ I have most of my affairs in order but I still need to do the following (Please list)

2. I want to make sure I leave money to my family (Check all that apply)

☐ My spouse

☐ My children

☐ Grandchildren

☐ Other family members

3. It is important to me to leave money to charities (Check all that apply)

☐ Christ Church

☐ Other charities (please list)

4. *True or False*_____ I worry about running out of money during my lifetime.

Things I can do to eliminate this fear include (Please list)

Medical /Physical Health

5. I value the quality of my life. (Check one)

- ☐ I can name the things that are important to my quality of life
☐ I don't know what I will want and need help in defining quality of life

If you can name the things that are important to you regarding quality of life, please list them here.

6. *True or False*_____ It is important to me that I can remain active.

Remaining active looks like this to me...

7. *True or False*____ I only want to be alive if I can be independent.

Being independent looks like this to me...

8. *True or False*____ I only want to be alive if I am free of pain.

9. *True or False*____ I want to live as long as possible, no matter what my physical condition is.

10. *True or False*____ I want to be kept alive regardless of the cost.

11. *True or False*____ I want to give my body for medical science research/organ transplant.

12. *True or False*____ Dying naturally without intervention is important to me. (Complete one)

Dying naturally means this to me...

13. I don't know what dying naturally entails and I want to know more

Comfort Care

14. *True or False*_____ Living in my own home as long as possible will make me comfortable
15. *True or False*_____ A Continuing Care Community while I am healthy will make me comfortable

The levels of service which I would need to be comfortable are
(Check all that apply)

- ☐ Independent Living Active Community
- ☐ Assisted Living
- ☐ Health Center (Skilled Nursing)
- ☐ Alzheimer Unit
- ☐ Memory Care
- ☐ Other_____

16. How I spend my final days is important to me. I prefer to be (Check those that apply)
- ☐ With family
- ☐ Alone
- ☐ With others

Legacy

17. *True or False*_____ It is important to me that my family know and understand things about my life and my heritage. (If True, complete the items below)

Those things are:

(Check One) I have or have not shared them with my family.

- ☐ I have shared them with my family
- ☐ I have not shared them with my family

The things that keep me from sharing them with my family are...

18. I have possessions (which may or may not have monetary value) that are important to me and to my family

Those things are:

(Check One) I have or have not shared them with my family.

☐ I have shared them with my family

☐ I have not shared them with my family

The things that keep me from sharing them with family are...

19. *True or False*_____ It is important to me to make my family happy. (If True, complete the following)

Making my family happy would include the following things

20. *True or False*_____ I want to make family happy even at the expense of my own wishes.

Celebration of Life

21. *True or False*_____ It is important to me that my church is an integral part of my final days

22. *True or False*_____ It is important to me to have a funeral/celebration-of-life service in the church. (Check any of the following that apply)

☐ I want to be involved in planning

☐ I want my family to plan

Christ-Centered Advance Care Planning Questionnaires

As you read through the *Christ-Centered Advance Care Planning* guide, you will notice there are seven questionnaires that can assist your decision-making. You have already seen the Values Questionnaire. The sessions and questionnaires may be completed in any order that makes sense for you and your loved ones.

- **A Values Questionnaire**
- **A Personal Questionnaire** is designed to capture important biographical information, location of important documents, as well as key contact information. It is important to have key personal information in one place and available to your loved ones.
- **The Medical /Healthcare Questionnaire** will assist you in understanding and knowing how your values impact the medical choices you make. The enclosed medical/healthcare questionnaire is designed to help you consider what is important to you. Spend time reflecting on your medical and healthcare desires and write down your thoughts. Be prepared to talk with your loved ones about your wishes.
- **The Legal/Financial Questionnaire** will assist you in understanding and knowing how your values impact the legal and financial decisions you make. This questionnaire is designed, not just to address your wishes in the anticipation of death, but to determine how you live now.
- **The Comfort Care Questionnaire** will help you consider what you want regarding how you will live physically, emotionally, and spiritually during your final years. Many of you will not have considered sharing your wishes, but they are important desires for your family to know about. These are issues of everyday living that can make your life physically more comfortable and emotionally and spiritually enriching.
- **The Legacy Section** will provide you with several approaches to help you leave the legacy of generational knowledge to your family and friends. The ideas you will find here will help your family know who you and they are, where they came from, and what may have been important in prior generations. The guidance provided will allow you and your family to create and document a wealth of memories and family stories.
- **The Celebration of Life Questionnaire** will allow your family and church to honor and memorialize you, as you would wish. This document will help with the planning of your funeral service and with an understanding of your wishes regarding interment or cremation and can be kept at the Christ Church office.

A Spiritual Perspective



Christ-Centered Advance Care Planning places our Christian values and beliefs at the beginning, in the midst, and at the end of this process of life choices. To live well all the days of our lives, we are guided and supported by prayer, scripture, and the church. In *The Book of Common Prayer*, we pray the following prayer for birthdays:

O God, our times are in your hand: Look with favor, we pray, on your servant N. as he begins another year. Grant that he may grow in wisdom and grace, and strengthen his trust in your goodness all the days of his life; through Jesus Christ our Lord. (BCP, p. 830)

Through prayer we seek God's guidance and love. God invites us to grow closer to him and to each other, day by day and year by year, to trust in his love and care for us, and to rely on him all the days of our lives. No matter our age, circumstances, or physical condition, God invites us to understand and see all of life as a gift.

Not only prayer, but also scripture guides us. Jesus said:

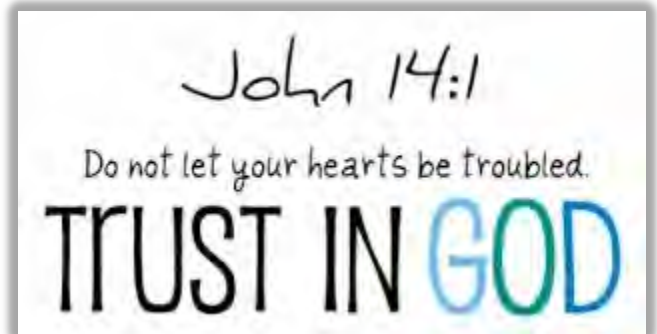
Do not let your hearts be troubled. Believe in God, believe also in me. In my Father's house there are many dwelling places. If it were not so, would I have told you that I go to prepare a place for you? And if I go and prepare a place for you, I will come again and will take you to myself, so that where I am, there you may be also. (John 14:1-3)

With His words we know that the end of all our lives will come, and the beginning of a new life eternally at peace with God will come, too. As Jesus prepares a place for us, so we plan and prepare for the end of our time on earth. We make those plans with gratitude that "nothing can separate us from the love of God in Christ Jesus"; nothing in this world and nothing in the world to come.

Along with prayer and scripture, the church offers a template for Christ-Centered Advance Care Planning all the days of our lives. The sacraments provide outward and visible signs of inward and spiritual grace: Holy Baptism, Holy Eucharist, Confirmation, Marriage, Reconciliation, Ministration to the Sick, and Burial. From birth to death, we are supported by the Body of Christ, which is the church. At Christ Church, we are blessed to be supported all the days of our lives by friends, clergy, staff, and lay ministers and the pastoral ministries of the church.

Christ-Centered Advance Care Planning all the days of our lives involves private prayer, corporate worship, and the love and care we extend to others. Love and care are given to families, friends, neighbors, and the ministries through which God has called us.

The *Christ-Centered Advance Care Planning* guide, with its spiritual perspective, helps us give considered prayer and thought for how we want to live well, particularly as we near the end of life. As God leads us through this life and into the next, we want to make decisions so that we may die with peaceful and thankful hearts.



My Biographical Information



In this section, please fill out as much information as you know to help you and your family remember and record your history in a convenient location for future reference.

At the end of the section, there is a place for you to list the locations of other important documents and/or safety deposit boxes and keys.

General Information

Full Name _____

Current Address _____

Telephone Number(s) _____

Social Security Number _____

Email Address (es) _____

Date of Birth _____

Birth Place

City _____

State _____

Country _____

Can you claim nationality in any other country? If yes, where? _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Education

Schools attended and degrees or certificates awarded/dates

Employment History

Current Employer/Occupation

Name of Employer _____

Address _____

Telephone _____

Present Position _____ Dates of Employment _____

Total years spent in occupation _____

Previous Employment

Company(ies)/Dates

Membership Organizations

Licenses Granted

Marital History

Present Marital Status (Check one)

☐ Married

☐ Partnered

☐ Single

☐ Divorced

☐ Widowed

Marriage/partner commitment date (if appropriate) _____

Name of spouse/partner _____

Spouse's/partner's birthdate _____

Spouse's/partner's birth place _____

Spouse's/partner's occupation _____

Date widowed (if appropriate) _____

Date divorced (if appropriate) _____

Complete for previous marriage(s) if applicable. If additional space is needed, add additional pages.

Name of Spouse/Partner _____

Spouse's/Partner's birthdate _____

Marriage/partner commitment date (if appropriate) _____

Reason marriage ended ☐ Widowed ☐ Divorced

Important Note: If a marriage has ended due to death or divorce, be sure to collect divorce decrees or death certificates.

Parents

Your father's full name _____

Deceased? _____

Birth date _____

Birthplace _____

Occupation _____

Your mother's full name (including maiden name) _____

Deceased? _____

Birth date _____

Birthplace _____

Occupation _____

Siblings

Brothers and sisters, cities of residence, and phone numbers
(List names of deceased siblings)

Descendants

Names of children, cities of residence, and phone numbers (List names of deceased children)

Number of grandchildren _____

Great-grandchildren _____

Names of grandchildren _____

Names of Great-grandchildren _____

Where I have Lived

Length of residence _____

In this city _____

In this state _____

In this country _____

Previous residences _____

Where do you consider to be your “hometown”? _____

Community Involvement

Community activities including boards and leadership roles

Military Record

(Important for possible veteran’s death benefits and/or burial plots)

Date Enlisted _____

Rank _____

Branch of Service _____

Service Number _____

Date Discharged _____

Do you have a copy of your DD 214? Where is it located?

Military honors awarded

Veterans Organizations

Location of Veteran’s Office to notify

Faith Affiliation

Denomination _____

Spiritual Advisor _____

Parish Name _____

Address and Phone number

Baptized? When and Where?

Confirmed? When and Where?

Church Activities

Important Passwords

Location/Website	Username	Passwords/ Security Questions

Reminder: Keep this list in a secure location and when you provide this list to family, ask them to do so as well.

Estate and Financial Planning



For the Spirit God gave us does not make us timid, but gives us power, love and self-discipline.
2 Timothy 1:17

With the power, love, and self-discipline given by God, we can look at the following legal and financial questions from a spiritual context. The following questionnaire is offered to focus attention on what is important from a legal/financial standpoint.

As you consider your beliefs about legal and financial decisions, begin with this prayer to ask God's guidance.

Direct us, O Lord, in all our doings with your most gracious favor, and further us with your continual help; that in all our works begun, continued, and ended in you, we may glorify your holy Name, and finally, by your mercy, obtain everlasting life; through Jesus Christ our Lord. Amen.

Advisor Questionnaire

23. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do I have an Attorney? Name: _____ Phone #: _____
24. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do I have a Financial Advisor? Name: _____ Phone #: _____
25. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do I have a Tax Advisor?

	Name: _____ Phone #: _____
26. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do I have an Employer Retirement Advisor? Name: _____ Phone #: _____

27. Are all these individuals in contact with one another? _____ ☐ Yes ☐ No

Please note that a well-designed plan requires integration between all the parties involved. Schedule a meeting to bring all aspects of your plan together.

Legal Questionnaire

Wills

28. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do I have a Trust or Will?
29. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Is my Trust or Will up-to-date?
30. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Does it meet Florida requirements?
31. Where do I keep my Trust or Will? _____	
32. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Do my loved ones know where it is?
	33. If yes, who? _____
34. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Have I discussed my Trust or Will with my family?

Other Important Documents:

35. Have I named someone to make important legal decisions if I cannot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is that person aware and have they agreed to act on my behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do I believe they have the same values as I do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
38. Will they carry out my wishes even if they do not agree?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
39. Have I told my loved ones know who he/she is? Whom have you designated? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Are my other important legal documents up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Other Questions

41. Have I written down my wishes after death? _____ ☐ Yes ☐ No
42. Do my documents address my wishes if incapacitated? ☐ Yes ☐ No ☐ Don't know
43. Are there other documents required based on my circumstances?
☐ Yes ☐ No ☐ Don't know
44. Do they meet Florida requirements? _____ ☐ Yes ☐ No ☐ Don't know
45. Do my loved ones know where my important documents are located?
☐ Yes ☐ No ☐ Don't know
46. When is the last time I reviewed these documents? _____

47. Has there been a major life event (divorce, death, diagnosis, etc.) since I last reviewed them?
☐ Yes ☐ No ☐ Don't know
48. What were the event/s? _____
49. Has there been a significant change in my assets since I last reviewed the documents? ☐ Yes ☐ No ☐ Don't know
50. Do I have the correct beneficiaries listed on my _____ ☐ Yes ☐ No ☐ Don't know
51. Life insurance and retirement accounts? ☐ Yes ☐ No ☐ Don't know
52. Do I have a long-term care policy? _____
53. Do my loved ones have access to this policy? ☐ Yes ☐ No ☐ Don't know

Financial Questionnaire

Financial Assets

54. What are my assets? For example – Real Estate, Bank Accounts, Stocks and Bonds, IRA Accounts, Other Financial Instruments

55. Are my assets taxable or non-taxable or a combination of both?

56. Where are my assets held? For example--- brokerage, bank account/s, safe deposit box, at home, etc.

57. If a bank or other financial institution (U.S. or Foreign)? What is/are the name/s:

58. What are the account numbers? _____
59. If in a safe deposit box, where is it located? _____
60. Who is aware of the location? _____
61. Is there a second key? If yes, who has it? _____
62. If in a safe at home, where is it located? _____
63. Who knows the location? _____
64. Do they also know the combination/where the keys are located? _____
65. If not, where is it kept? _____
66. Would I benefit by having my assets titled in a trust, e.g., Living Trust, Charitable Trust, etc.
☐ Yes ☐ No ☐ Don't Know
67. Do I want to include charitable gifts as a part of my legacy?
☐ Christ Church
☐ Other Charitable organizations
68. Organizations to which I want to make gifts are:

Other Assets

69. What other important documents of ownership do I have?

a. Deed to home/mortgage agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
b. Car title	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
c. Jewelry appraisals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
d. Art appraisals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

e. Storage locker

☐ Yes ☐ No ☐ Don't Know

70. Where are these documents located?

Financial Worries and Decisions

71. Am I worried about running out of money?

☐ Yes ☐ No

72. Am I worried about being able to afford health care?

☐ Yes ☐ No

73. Have I made arrangements for end-of-life expenses?

☐ Yes ☐ No

Comments:

Gifting to heirs

74. Do I want to make gifts to my heirs while I am still alive?

☐ Yes ☐ No ☐ Don't Know

75. Are there tax consequences to my heirs regarding decisions I have made?

☐ Yes ☐ No ☐ Don't Know

About My Legal/Financial Choices

76. What do I want my family to know about the choices I have made and about how they honor God in my life?

77. What else do I want my family to know?

Signature: _____

Date Completed: _____

Date last Reviewed: _____

Medical/Healthcare



Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well. 3 John 1:2

Making health/medical decisions before there is a medical crisis is one of the greatest gifts you can give to both your family and yourself. It is important to recognize that these decisions go beyond completing a Health Care Directive. It means not only making the decision but also having a conversation with loved ones about your wishes – and not some of them but all of your family.

Talk with your doctors, spiritual guides, and family as you consider what is most important to you and how you wish to live all the days of your life. Remember these are not decisions about death but about life.

How do you wish to live all the days of your life?

The enclosed health/medical questionnaire is designed to help you consider what is important to you. Spend time thinking about it and write down your thoughts.

Remember that any of the decisions you make today can be changed in the future. It is most important that you communicate to your loved ones your feelings and decisions now and in the future.

As you consider your beliefs and make decisions about questions in the Medical /Healthcare Section, begin with this prayer to ask God's guidance.



Direct us, O Lord, in all our doings with your most gracious favor, and further us with your continual help; that in all our works begun, continued, and ended in you, we may glorify your holy Name, and finally, by your mercy, obtain everlasting life; through Jesus Christ our Lord. Amen

Medical/Healthcare Questionnaire

My Beliefs about Death and Dying

1. How does my faith influence my beliefs about life?

2. What are my faith beliefs about medical care?

3. What are my faith beliefs about death and dying?

What Is Important to Me?

4. What matters most to me in the way I live?

5. What does “quality of life” mean to me?

6. My life as I value it is over when _____. In other words, If I cannot do _____ then would your life as you want to live it be over?

7. How do I define being a burden to my family/loved ones?

8. Is organ/tissue donation important to me? Do I want to donate organs/tissues?*

Which organs?

9. Does my driver’s license reflect my desire for organ donation? ☐ Yes ☐ No

About Medical Care

10. What do I want to know about my condition? ☐ All the details ☐ Only the basics ☐ Not sure

Comments

11. What do I want to know about my treatment? ☐ All the details ☐ Only the basics ☐ Not sure

Comments

12. What role do I want loved ones (family, friends) to play in my healthcare and quality of life decisions?

- ☐ I want to make all the decisions myself _____
- ☐ I want loved ones involved in the decisions _____
- ☐ Not sure

Comments

13. Have I provided my physician with my signed consent forms to share my medical records with another individual?

☐ Yes ☐ No If answer is "yes", who? _____

14. What role do I want doctors to play in my healthcare and quality of life decisions?

☐ I want to make all the decisions myself

☐ I want doctors involved in the decisions

☐ Not sure

Comments

15. How do you wish the decision-making be done?

16. What happens if all do not agree on the same course of treatment?

17. If my illness is terminal, how much do I want to know about how quickly it is progressing?

18. Do I want the doctors to talk with my family about the progression?

19. How long do I want to receive aggressive medical care? Indefinitely?

20. Do I have a Do Not Resuscitate (DNR)?

☐ Yes ☐ No If yes, where is it located? _____

Is it written on "yellow" paper (required in Florida)? _____

☐ Yes ☐ No

21. How well do I understand what DNR means?

22. Do I need to talk with a medical professional? ☐ Yes ☐ No

23. Are there conditions associated with my DNR choice? What are those conditions?

Health Care Surrogate Questions

24. Have I named someone to make medical and healthcare decisions if I cannot? ☐ Yes ☐ No
25. Has that person agreed to act as my Health Care Surrogate? ☐ Yes ☐ No
26. Does he/she have the same values as I do? ☐ Yes ☐ No ☐ Don't Know
27. Do I believe they will carry out my wishes even if they do not agree? ☐ Yes ☐ No ☐ Don't Know
28. Do my loved ones know who it is? ☐ Yes ☐ No
29. Is the form on which I designate my Healthcare Surrogate up to date? ☐ Yes ☐ No ☐ Don't Know

Other Questions

30. Do legal documents/Advance Care Directive address my wishes if I am unable to make decisions? ☐ Yes ☐ No ☐ Don't Know
31. Are there other documents required based on my circumstance? ☐ Yes ☐ No ☐ Don't Know
32. Does this document meet State of Florida requirements? ☐ Yes ☐ No ☐ Don't Know
33. Do my loved ones know where it is? ☐ Yes ☐ No ☐ Don't Know

34. When is the last time I reviewed these documents?

35. Has there been a major life event since I last reviewed them?

36. Has there been a significant change in my health condition since I last reviewed the document?

Advance Care Directive Distribution

37. Has my Advance Healthcare Directive been distributed to those who need it? Name those who have and/or need a copy. Mark if they have a current copy.

	Y/N	Names
My Healthcare Surrogate		
The Hospital with my records		
My Personal Physicians		
Family Members		

About My Choices

38. What do I want my family to know about the choices I have made and how I believe they honor God in my life?

39. What else do I want my family to know?

40. What do I need to do next?

Conversation about Medical Care

Now that you have reflected and clarified your beliefs and made decisions, the next step is to have conversations with those who are involved in carrying out your plans. It is always best if you have conversations with your loved ones throughout the process.

41. Check the loved ones with whom you need to have the conversation. Identify them by name and mark the date on which you had the conversation.

✓	Relationship	Name	Conversation Date
<input type="checkbox"/>	Mother		
<input type="checkbox"/>	Father		
<input type="checkbox"/>	Child/Children		
<input type="checkbox"/>	Spouse/Partner		
<input type="checkbox"/>	Sister/Brother		
<input type="checkbox"/>	Clergy		
<input type="checkbox"/>	Friend		
<input type="checkbox"/>	Doctors		
<input type="checkbox"/>	Caregiver		
<input type="checkbox"/>	Surrogate		

<input type="checkbox"/>	Other		
<input type="checkbox"/>	Other		

Miscellaneous Considerations

42. Do I have a preference in hospital emergency room?

43. Have I set up on my cell phone ICE (in case of emergency) contact numbers, my doctors’ contact numbers, and photos of all my medications?

44. If hospitalized, am I a person who likes lots of visitors?

45. Advances in medical technology may change my choices. How much freedom am I giving my Health Care Surrogate to modify my desires?

Other Considerations

Signature: _____

Date _____

Dates Reviewed: _____

Comfort Care



Or do you not know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own, for you were bought with a price. So, glorify God in your body. 1 Corinthians 6:19-20

Comfort in our everyday surroundings, whether aging in our own homes, living in a continuing care environment, or living under hospice care in our last days, is something that we rarely consider or address. But looking at what is important to us in a more detailed way will not only make us more comfortable as we age, but also enable our loved ones to ensure that we have what we need to make us so.

We can't take for granted that our family or caregivers know what is important to us unless we speak up. Our grown children, although we have clearly known them and they us for their entire lives, may not actually have an idea of which interests are most important to us today or what little things may make the difference in our being comfortable or not. It is not fair to ask them to assume.



The goal of this session is to provide you with thoughts and a list of comforts you might discuss with your loved ones. Reviewing the lists below should help you think about what would help you feel whole, complete, satisfied, and loved as you age. Be sure to add to the lists in creative and detailed ways. Think broadly about what is meaningful to you so that you create an ongoing life full of the activities, the people, and the places that you love.

Remember, if you do not articulate your thoughts and wishes about these topics, decisions will rest with uninformed caregivers and/or family members.

It is vital that any professional caregivers and family are given this comfort care information. All your family members should know your wishes and be willing to carry them out.

It is imperative for professional caregivers to have one agreed-upon family point person so that care wishes and concerns are communicated effectively and without misunderstanding to the professional caregivers.

As you consider your beliefs and decisions about Comfort Care, begin with this prayer to ask God's guidance.

Direct us, O Lord, in all our doings with your most gracious favor, and further us with your continual help; that in all our works begun, continued, and ended in you, we may glorify your holy Name, and finally, by your mercy, obtain everlasting life; through Jesus Christ our Lord. Amen.

Comfort Care Questionnaire for your Mind, Heart, Soul, and Spirit

As your physical health changes, what will help your mind, heart, soul, and spirit sing? How can your family create joy in your space?

Here are some questions for you to consider. Be sure to provide those you love and your professional caregivers with the answers.

Hobbies

1. What are your hobbies and which aspects of your hobbies would you want available to you?

2. Do you have favorite photograph(s) you would like displayed in your home/room?*

3. Do you have a favorite sporting memento you would like nearby?

4. Are you an artist or collector? Are there pieces that give you great joy?

5. Do you have favorite musicians or music genres? Would you like that music played for you?

6. Do you or did you like to read? If unable to read yourself, would you like someone to read to you?

7. Do you want the TV on all the time or would you prefer a quiet room?

8. What television programming do you prefer?

9. What don't you want?

* You may wish to use colored stickers to identify favorite photographs and small items you would want to have with you. Perhaps put yellow stickers on the backs of those you'd like if you are going to a larger nursing home room and red if it is a smaller room. And you can keep changing your mind until you are comfortable with your choices.

Personal Care

10. Do you love flowers? Would you like fresh flowers or plants regularly in your room?

11. Are there special foods or food treats that you would like to have available to you?
Are you vegetarian, pescatarian, vegan?

12. Is there a particular piece of clothing you would want nearby?

13. Would you like to have your hair washed/styled and nails manicured regularly?

14. Would you like to have a shave regularly?

15. Are there any other personal grooming desires? (For example: removal of unwanted facial hair, ear and nose hair.)

16. Would you like help in keeping your mouth and teeth clean?

17. Would you like lotion put on your skin so that it feels soft?

18. Would you like massages and touch from your family and/or caregivers? This helps with circulation and provides comfort.

19. How warm/cool should temperature settings be?

20. Do you like to write in a journal? Would you like one readily available?

21. What don't you want?

Family and Friends

22. Would you like to record a story of your life for your family?

23. Are there local friends you would like to come visit you?

24. With which out-of-town friends you would like to communicate?

25. How do you want to communicate with family and friends? Phone, email, Facebook, etc.?

26. Would you like a CaringBridge website page that can be updated by a family member or friend to keep others informed of your situation?

27. Would you prefer your situation to be kept entirely private?

28. Do you want family members around or not?

29. Would you like your family or friends to bring your pet(s) to visit you if you are not at home?

30. When you are no longer able to speak would you like family to tell stories to you and/or sing songs?

31. What don't you want?

Church

32. Would you like Eucharist brought from church? How often?

33. Would you find the services of a Stephen Minister helpful? A Stephen Minister is a lay member of our congregation who is trained in Pastoral Care who will visit you for about an hour a week. You can confidentially express any and all concerns to this person. It is an effective way to process and deal with your concerns.

34. Would you like prayer books, Bibles, and sacred objects close by? Do you need large print materials?

35. Would you like to use a free phone app to hear Bible readings?

36. Do you prefer a specific version of Prayers of the People?

37. Would you like to have Christ Church Intercessors pray for you?

38. Are you a member of another church congregation that you would like to have pray for you also? (Especially applies to Snowbirds.)

39. Would you like a prayer shawl or would you like flowers from church to be delivered occasionally?

40. What don't you want?

The answers to these questions along with any additional comfort desires should be shared with your family so that they can be passed along to other professional caregivers. Don't leave your comfort to chance!

Physical/Medical-Related Comfort Care

41. Have you consulted with your medical team to help you make medical comfort decisions relative to your current state of health? Have you consulted with them when changes occur?

42. When people are living with a chronic but serious illness, the conversation with the doctor usually is related only to medical care and interventions, not comfort care. A “goals of care” conversation is critical to your living your best quality of life.

43. You may wish to include a palliative care expert in your discussions. Palliative care is an approach that improves the quality of life of patients facing life-threatening illnesses and focuses on the prevention and relief of suffering. Palliative care can address identification, assessment and treatment of pain and other physical, psychosocial and spiritual concerns. A palliative care expert can be your best ally in making sure you get what you need.

44. Management of symptoms and pain: How much pain medicine is enough/too much? What do you want your daily life to look like while using pain meds?

45. How are pain meds managed so that, for example, constipation is prevented?

46. Do you want a feeding tube? If you choose to use a feeding tube, have processes related to your physical comfort been considered? As your appetite lessens, a feeding tube can be uncomfortable.

Date Last Reviewed _____

A Legacy Perspective



The Lord knows the days of the upright and blameless, and their heritage will abide forever. Psalm 37:18

We most often think of the term “legacy” as meaning money or property left to beneficiaries after someone dies. In this module, legacy can mean physical, cultural and intrinsic things handed down from one generation to the next.

There are many tools that can help us prepare interesting and useful information that might not otherwise get passed along to our descendants. But let’s address the big one first!

1. The Importance (or not) of Stuff!

One of the biggest stumbling blocks we encounter as we get older and realize that we must downsize or simply organize, is what to do with all the stuff we have accumulated over the years. If we have moved frequently, we may have decluttered and dealt with much of our stuff. Depending upon whether we are a keeper or a tosser by nature, we may have more or less of it.

If you are a keeper, be mindful and considerate in realizing that your family and friends will be the ones cleaning out your possessions and possibly disagreeing over the disposition of them.

One of the hardest lessons to learn is that while we might be sentimental about our stuff, our children may not be. This is a fact beautifully described in the article in the resources section: "Sorry, Nobody Wants Your Parents' Stuff." Your cherished cherry breakfront may not be in the style your kids like! Rather than burden family members with guilt if they don't want something, just let it go!

If you choose to declutter and to sell an item via a consignment store or online shopping page, you must also be aware that price of sale will very much be determined by whether it is a currently popular item or not. What we often see as something that might gain value over time, partly because we are sentimentally attached to it and partly because it was expensive when we bought it, may well not hold true when we have to determine a sale price point. Inevitably, we will get less for the item than we expected. Sometimes it is hard to come to terms with that.

So how can you be helpful to be sure your stuff is looked at appropriately and considered by your family as they decide what to do with it all? First, have a conversation with your children and ask them what particular items are important to them and that they would like to have. Sometimes the answers to these questions will surprise you.



"One of these days this will all be yours!"

Another answer could be a binder containing information about the items that are important to you. Each page should provide:

- a. A photograph of the item.
- b. A verbal description of the item: what it is, where it was purchased.
- c. A note on why this particular piece has value to you (It was given to you by your favorite grandmother who purchased it.)
- d. A note as to whether the item has been valued by a professional, when it was valued, and what that value may be.
- e. A note as to whether this item has been promised to any particular family member and why, if there is a logical reason. (Grandfather's yacht model will go to Billy who is a sailor and loves the ocean.)
- f. A notation that you have attached a label to that item designating the intended receiver – and make sure that you do so.

One of the things most of us are concerned by is the idea that our family members will fight over our things after we are gone. We can stop this from happening by articulating clearly if there are particular items we want specific people to receive, marking items clearly, and stating this information in our wills and in this binder. It is smart to have conversations with our family when decisions have been made so that no one is

surprised after your death. Stuff can cause arguments and hurt feelings, but we have the ability to prevent these. Being proactive may be one of the most meaningful gifts we can give to our families.

2. Important Generational Health Information

There may be important familial health information that should be passed on to your family members. These health issues may not have impacted your particular generation but knowledge of them would be helpful to those coming along behind you. This is especially true when families have lost touch through divorce or early death with older generations and yet the health history is still of importance. For example, if your father's parents were not in your life after your early childhood. It would be useful for you, however, to know that your grandfather had heart issues, for example, so that you can be aware of that as you make your own lifestyle choices.

3. Digitize Photographs

For many of us, hard copy photos are all we have to help us recall our childhoods and much of our adulthoods. Then digital cameras and cell phone cameras changed everything. The upside is that we can move, share and manipulate photographs today however we wish. The downside is that we still have boxes and albums full of printed photographs taking up space and really not shareable with interested family and friends without considerable effort.

We can make our photograph collections user friendly and memorable by sorting our printed photos and having the important ones digitized. There are many companies that do this kind of work that can be found online. You mail in your pictures and they come back to you on a disk or external hard drive or thumb drive. Then you can save them to a cloud service like Dropbox or iCloud and share the files with your loved ones. You may also be able to find services locally where you are able to drop off your photos and then pick up your disk within a few days or weeks.

If you would prefer to do it yourself, you can scan and save photos to your own computer or cloud service via your printer's scanner. There are also do-it-yourself photo scanners you can purchase on Amazon.



4. Your Family Story

- (a) Talking through past times with a younger relative can be a powerful experience. There is an app available for your digital device that accesses Story Corps, which began as a project of National Public Radio so that interesting stories could be captured from families all over the country. The collection of recorded stories will be housed in the Library of Congress. While you may not wish your family's story to be public, you can use the app and share the recorded stories within your family

only. Such conversations create an opportunity for deep connections to be made between family members and generations.

- (b) If you would like to have family conversations that help meaningful family stories to be shared, but do not know how to begin, there is a set of *Talk of a Life Time*® prompt cards that offers prompts to meaningful conversations. These cards are available through Christ Church and the National Funeral Directors Association. Having a set of cards on hand when relatives come to visit allow you to have an intentional conversation about many topics that will engender great communication.

- (c) Six Word Memoirs is a movement that helps you define many things about yourself. Check out their web page here: <http://sixwordmemoirs.com/about/about-six/>

Explore their homepage where you'll find topic ideas to help you share who you are with your family. Each person creates a six-word sentence to describe who they are. The sentences can be about your origins, your personality, your inner self etc. Other than keeping to six words there are no limitations on your self-description. As each person involved in your conversation reads his/her sentence, doors open for insightful and enlightening conversation.

- (d) Are there any special and private writings that have been written by you or given to you by someone important in your life? Would you want those items buried with you? Would you want them passed on to your children or another relative? Would you want them destroyed? Make sure you make your wishes known.

5. Family History

Some of us love family history and have created complex and lengthy family trees on paper. Ancestry.com provides an extensive tool that allows you not only to create your family tree digitally allowing accessibility to all interested family members, but in addition provides clues that allow you to take your family history back to many more generations than you may have thought possible. It allows you to cross check people with information and public documents to ensure that you select the right person for your tree. Results can be powerful as unknown family members can be found, family mysteries can be solved, and future generations can more fully understand their ancestry. There is a cost for using this service but if you or a loved one is willing to put in the time needed to create a family tree, it is possible that your loved ones will continue to pay the annual membership fee to keep it in tact after you have died.

6. Social Media and other Digital Memberships

If you have set up social media accounts such as Facebook, Instagram, Twitter, Pinterest, etc., it is important for family members to have access to those usernames and passwords. Once you have died, a responsible family member is then able to shut down those accounts so that your information is no longer present.

If you have frequent travel and hotel memberships or online accounts with a variety of stores etc. you may wish to have those shut down also.

To make this easy for your family, create a list of those usernames and passwords, kept safe and secure while you are alive but accessible after you have died. In this way you are reducing your digital footprint and removing your personal information from the Internet.

7. Obituaries

Should I write my own obituary? While it might feel a little odd to consider this, there are a number of benefits to writing your own obituary. First, you will be assured that those details about your life that are important to you will be included. Your family may not be aware of some of those things. Second, and perhaps more important, you will be able to determine the tone you want for your obituary. Over the years you have probably seen many formats for obituaries that vary in detail, length, and tone. When you write your own, it will be exactly as you want it!

8. Closing Circles

Many of us have unfinished personal “business”. There may be relationships that are not as we would wish them to be. There are family members and old friends with whom we have not connected for a long time with whom things were left badly. Often in difficult relationships there is value in making peace where peace needs to be made, even if you were not the person at fault. Forgiveness and reconciliation are an important part of our journey as Christians. *The Four Things That Matter Most* by Dr. Ira Byock is a thought-provoking book that can help you decide if, how, and when to work on the relationships that are still filled with unresolved issues.

✓ ***Of the suggestions in this session are there any that appeal to you?***

☐ Create a binder of items that are important to you with the history of each item.

☐ Gather family generational health information.

☐ Digitize photographs.

☐ Record family stories on Story Corps.

☐ Use *Talk of a Life Time*® cards to begin important conversations with your family members.

☐ Use Six Word Memoirs to spur conversation between family members.

☐ Determine disposition of special or private writings.

☐ Create family tree on Ancestry.com

☐ Prepare list of usernames and passwords for any digital memberships you may have.

☐ Write my own obituary

☐ Read “The Four Things That Matter Most” by Dr. Ira Byock

Date Last Reviewed: _____

Celebration of Life



Very truly, I tell you, anyone who hears my word and believes him who sent me has eternal life, and does not come under judgment, but has passed from death to life.
(John 5:24)

This session will give information about the Episcopal Church's perspective of the celebration of life, the Christ Church Columbarium and Memorial Garden, and a variety of resources that may help you as you begin to think about your own ideas concerning the celebration of life.

As you consider your beliefs and make decisions about these topics, begin with this prayer to ask God's guidance.

Direct us, O Lord, in all our doings with your most gracious favor, and further us with your continual help; that in all our works begun, continued, and ended in you, we may glorify your holy Name, and finally, by your mercy, obtain everlasting life; through Jesus Christ our Lord. Amen.

An Episcopal Church Perspective

The following words from *The Book of Common Prayer* explain the theology of the burial services in the Episcopal Church:

The liturgy for the dead is an Easter liturgy. It finds all its meaning in the resurrection. Because Jesus was raised from the dead, we, too, shall be raised.

The liturgy, therefore, is characterized by joy, in the certainty that 'neither death, not life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.

This joy, however, does not make human grief unchristian. The very love we have for each other in Christ brings deep sorrow when we are parted by death. Jesus himself wept at the grave of his friend. So, while we rejoice that one we love has entered into the nearer presence of our Lord, we sorrow in sympathy with those who mourn.
(BCP, p. 507)

Of all the final gifts you can bestow on your family and friends, clarity about what you would like for your funeral service and burial is one of the greatest. Often the clergy meet with family following a death, and the family has no idea what their loved one had in mind. Frequently, family members live out of town or are not part of a faith community themselves. A lack of clarity or confusion about what a loved one would have wanted simply adds to the grief and distress following the loved one's death.

From the standpoint of the Episcopal Church, the preference will always be for the funeral service to be held at church and include Eucharist, rather than a funeral home.

A note about descriptive terms: Whether a service is called The Burial of the Dead, or a Memorial Service, a Funeral, or a Celebration of Life, they all denote the same thing. A burial service is a time for friends and family to gather in thanksgiving for your life and to especially give thanks that in Christ, death has "no more dominion over us." The prayers and scripture readings contained in the burial services in the prayer book all give testimony to that fact.

Information about the Christ Church Memorial Garden and Columbarium

Christ Church offers rights of interment in our columbarium or directly into the soil in the Memorial Garden. Both are located directly behind the Cooper Chapel.

The columbarium consists of uniformly-sized niches (12x12x16) designed to hold urns for the interment of the ashes of cremated human remains. Niches are available for purchase. There is no fee for interment in the soil but a donation to the garden fund is greatly appreciated. For niches, a contract will be issued, and the niche will be available for use only when full payment is complete. The fees may be changed in the future as approved by the Rector, Wardens, and Vestry of Christ Church.

Interment in the Columbarium or Garden is limited to members of Christ Church, former clergy and their immediate families. (Immediate families are defined as spouse, parents, step-parents, natural or adopted children, step-children, grandchildren, and siblings.)

Interment must be arranged through and approved by the Rector of Christ Church. No cremated remains shall be interred without Christian liturgy deemed appropriate by the Rector. All interments shall be presided over by a priest of Christ Church or a clergy person designated by the Rector.

All niches shall be enclosed with a covering of granite that is uniform with all other niches. The inscription on the cover shall be arranged by Christ Church at the time of interment, and shall be of predetermined size and style, and of uniform composition and appearance. The inscription shall be limited to name, date of birth, date of death, and symbol of the cross.

George Washington	
Feb. 22, 1732	Dec. 14, 1799
+	
Martha D. Washington	
Jan. 21, 1731	May 22, 1802

The Columbarium and Memorial Garden shall be open to visitors at all times when the church is open to the public. Nothing of either a permanent or temporary nature shall be affixed to or on the Columbarium wall surfaces. No flowers, ornaments, flags, decorations, embellishments, memorial items, or other objects may be placed on the niche cover, in the Columbarium area or in the Memorial Garden. Cut flowers are permitted on the day of interment and will be removed the following day.

Further information regarding the Columbarium, a Columbarium Agreement Terms and Conditions and Columbarium Niche Purchase Agreement may be obtained through the Christ Church office.

Information about Local Funeral Homes and Cemeteries

Christ Church does not recommend any particular funeral home or cemetery. The list below includes several in our local area and their contact information.

Beaches Chapel by Hardage-Giddens
1701 Beach Blvd.
Jacksonville Beach, FL 32250
904-249-2374

Beaches Memorial Park
1500 Main St.
Atlantic Beach, FL 32233
904-249-1166

H. Warren Smith Cemetery
1538 2nd Ave. N. (corner of Beach Blvd. & Penman Rd.)
Jacksonville Beach, FL 32250
904-247-6236

Ponte Vedra Valley Funeral Home and Cemetery
4750 Palm Valley Rd.
Ponte Vedra Beach, FL 32082
904-285-1130

Quinn-Shalz Funeral Home
3608 3rd St. S.
Jacksonville Beach, FL 32250
904-249-1100

Neptune Society Cremation Service
3928 Baymeadows Rd. #108
Jacksonville, FL 32217
904-733-4510

Resources for Planning Your Celebration of Life

The following pages include useful information to assist you in planning the service and arrangements you want.

Celebration of Life Questions

- Do you wish to be buried in a casket or do you wish to be cremated?
- Have you made arrangements for where your remains are to be buried, or in the case of cremation, where you want your ashes interred or scattered?
- Would you like visitation at a funeral home or elsewhere?
- Do you wish to have the funeral service at the church, and if so, do you wish that the Eucharist be celebrated?
- Would you like a family member or friend to offer a remembrance in addition to the homily that will be offered by the clergy officiant?
- Whom would you like to compose your obituary? You can certainly write your own obituary in advance at the time you plan your funeral service, or ask a family member or friend.
- How would you like to have events scheduled? There are choices to consider. For example, some families choose to have a private graveside or Memorial Garden service before the actual burial service in the church. Some families choose to host a reception following the service in the Parish Dining Room, while other families choose to host a reception at another venue.
- It may also be helpful to you, as you begin to consider your own funeral, think about the parts of funerals you yourself have attended that you particularly liked – or disliked.



Included in this session are resources to help you plan your funeral service, including readings from the Bible and hymns that are especially appropriate. You can fill out these forms at any time and have your plans on file at the church, giving both you and your family members great peace of mind.

You might want to simply read through the services in the *Book of Common Prayer* (pp. 468-505) to familiarize yourself with the range of prayers, readings, and options. Underline or star those prayers or readings that particularly speak to you.

Any member of the clergy at Christ Church would be more than happy to sit down with you and walk through the planning of your funeral.

Scripture Readings

The Book of Common Prayer provides recommended scripture for a funeral or memorial service. You may choose readings from the Old Testament and/or The New Testament. The Gospel readings are included in this document; however, the clergy officiant will often choose the Gospel reading.

Readings from the Old Testament

On this mountain the LORD of hosts will make for all peoples a feast of rich food, a feast of well-matured wines, of rich food filled with marrow, of well-matured wines strained clear. And he will destroy on this mountain the shroud that is cast over all peoples, the sheet that is spread over all nations; he will swallow up death forever. Then the Lord GOD will wipe away the tears from all faces, and the disgrace of his people he will take away from all the earth, for the LORD has spoken. It will be said on that day, Lo, this is our God; we have waited for him, so that he might save us. This is the LORD for whom we have waited; let us be glad and rejoice in his salvation. (Isaiah 25:6-9)

The spirit of the Lord GOD is upon me, because the LORD has anointed me; he has sent me to bring good news to the oppressed, to bind up the brokenhearted, to proclaim liberty to the captives, and release to the prisoners; to proclaim the year of the LORD's favor, and the day of vengeance of our God; to comfort all who mourn; to provide for those who mourn in Zion—to give them a garland instead of ashes, the oil of gladness instead of mourning, the mantle of praise instead of a faint spirit. They will be called oaks of righteousness, the planting of the LORD, to display his glory. (Isaiah 61:1-3)

The steadfast love of the LORD never ceases, his mercies never come to an end; they are new every morning; great is your faithfulness. 'The LORD is my portion,' says my soul, 'therefore I will hope in him.' The LORD is good to those who wait for him, to the soul that seeks him. It is good that one should wait quietly for the salvation of the LORD. For the Lord will not reject forever. Although he causes grief, he will have compassion according to the abundance of his steadfast love; for he does not willingly afflict or grieve anyone. (Lamentations 3:22-26, 31-33)

But the souls of the righteous are in the hand of God, and no torment will ever touch them. In the eyes of the foolish they seemed to have died, and their departure was thought to be a disaster, and their going from us to be their destruction; but they are at peace. For though in the sight of others they were punished, their hope is full of immortality. Having been

disciplined a little, they will receive great good, because God tested them and found them worthy of himself; Those who trust in him will understand truth, and the faithful will abide with him in love, because grace and mercy are upon his holy ones, and he watches over his elect. (Wisdom 3:1-5, 9)

Have pity on me, have pity on me, O you my friends, for the hand of God has touched me! Why do you, like God, pursue me, never satisfied with my flesh? 'O that my words were written down! O that they were inscribed in a book! O that with an iron pen and with lead they were engraved on a rock forever! For I know that my Redeemer lives, and that at the last he will stand upon the earth; and after my skin has been thus destroyed, then in my flesh I shall see God, whom I shall see on my side, and my eyes shall behold, and not another. (Job 19:21-27a)

Readings from the New Testament

For all who are led by the Spirit of God are children of God. For you did not receive a spirit of slavery to fall back into fear, but you have received a spirit of adoption. When we cry, 'Abba! Father!' it is that very Spirit bearing witness with our spirit that we are children of God, and if children, then heirs, heirs of God and joint heirs with Christ—if, in fact, we suffer with him so that we may also be glorified with him. I consider that the sufferings of this present time are not worth comparing with the glory about to be revealed to us. For the creation waits with eager longing for the revealing of the children of God; who is to condemn? It is Christ Jesus, who died, yes, who was raised, who is at the right hand of God, who indeed intercedes for us. Who will separate us from the love of Christ? Will hardship, or distress, or persecution, or famine, or nakedness, or peril, or sword? No, in all these things we are more than conquerors through him who loved us. For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord. (Romans 8:14-19, 34-35, 37-39)

So we do not lose heart. Even though our outer nature is wasting away, our inner nature is being renewed day by day. For this slight momentary affliction is preparing us for an eternal weight of glory beyond all measure, because we look not at what can be seen but at what cannot be seen; for what can be seen is temporary, but what cannot be seen is eternal. For we know that if the earthly tent we live in is destroyed, we have a building from God, a house not made with hands, eternal in the heavens. For in this tent we groan, longing to be clothed with our heavenly dwelling—if indeed, when we have taken it off we will not be found naked. For while we are still in this tent, we groan under our burden, because we wish not to be unclothed but to be further clothed, so that what is mortal may be swallowed up by life. He who has prepared us for this very thing is God, who has given us the Spirit as a guarantee. So we are always confident; even though we know that while we are at home in the body we are away from the Lord—for we walk by faith, not by sight. Yes, we do have confidence, and we would rather be away from the body and at home with the Lord. So whether we are at home or away, we make it our aim to please him. (II Corinthians 4:16-5:9)

But in fact, Christ has been raised from the dead, the first fruits of those who have died. For since death came through a human being, the resurrection of the dead has also come through a human being; for as all die in Adam, so all will be made alive in Christ. But each in his own order: Christ the first fruits, then at his coming those who belong to Christ. Then comes the end, when he hands over the kingdom to God the Father, after he has destroyed every ruler and every authority and power. For he must reign until he has put all his enemies under his feet. The last enemy to be destroyed is death. But someone will ask, 'How are the dead raised? With what kind of body do they come?' Fool! What you sow does not come to life unless it dies. And as for what you sow, you do not sow the body that is to be, but a bare seed, perhaps of wheat or of some other grain. But God gives it a body as he has chosen, and to each kind of seed its own body. So it is with the resurrection of the dead. What is sown is perishable, what is raised is imperishable. It is sown in dishonor, it is raised in glory. It is sown in weakness, it is raised in power. It is sown a physical body, it is raised a spiritual body. If there is a physical body, there is also a spiritual body. For this perishable body must put on imperishability, and this mortal body must put on immortality. When this perishable body puts on imperishability, and this mortal body puts on immortality, then the saying that is written will be fulfilled: 'Death has been swallowed up in victory.' 'Where, O death, is your victory? Where, O death, is your sting?' The sting of death is sin, and the power of sin is the law. But thanks be to God, who gives us the victory through our Lord Jesus Christ. Therefore, my beloved, be steadfast, immovable, always excelling in the work of the Lord, because you know that in the Lord your labor is not in vain. (I Corinthians 15:20-26, 35-38, 42-44, 53-58)

See what love the Father has given us, that we should be called children of God; and that is what we are. The reason the world does not know us is that it did not know him. Beloved, we are God's children now; what we will be has not yet been revealed. What we do know is this: when he is revealed, we will be like him, for we will see him as he is. (1 John 3:1-2)

After this I looked, and there was a great multitude that no one could count, from every nation, from all tribes and peoples and languages, standing before the throne and before the Lamb, robed in white, with palm branches in their hands. They cried out in a loud voice, saying, 'Salvation belongs to our God who is seated on the throne, and to the Lamb!' And all the angels stood around the throne and around the elders and the four living creatures, and they fell on their faces before the throne and worshipped God, singing, 'Amen! Blessing and glory and wisdom and thanksgiving and honor and power and might be to our God for ever and ever! Amen.' Then one of the elders addressed me, saying, 'Who are these, robed in white, and where have they come from?' I said to him, 'Sir, you are the one that knows.' Then he said to me, 'These are they who have come out of the great ordeal; they have washed their robes and made them white in the blood of the Lamb. For this reason, they are before the throne of God, and worship him day and night within his temple, and the one who is seated on the throne will shelter them. They will hunger no more, and thirst no more; the sun will not strike them, nor any scorching heat; for the Lamb at the centre of the throne will be their shepherd, and he will guide them to springs of the water of life, and God will wipe away every tear from their eyes.' (Revelation 7:9-17)

And I saw the holy city, the new Jerusalem, coming down out of heaven from God, prepared as a bride adorned for her husband. And I heard a loud voice from the throne saying, 'See, the home of God is among mortals. He will dwell with them; they will be his peoples, and God himself will be with them; he will wipe every tear from their eyes. Death will be no more; mourning and crying and pain will be no more, for the first things have passed away.' And the one who was seated on the throne said, 'See, I am making all things new.' Also he said, 'Write this, for these words are trustworthy and true.' Then he said to me, 'It is done! I am the Alpha and the Omega, the beginning and the end. To the thirsty I will give water as a gift from the spring of the water of life. Those who conquer will inherit these things, and I will be their God and they will be my children. (Revelation 21:2-7)

Readings from the Gospel

Very truly, I tell you, anyone who hears my word and believes him who sent me has eternal life, and does not come under judgment, but has passed from death to life. 'Very truly, I tell you, the hour is coming, and is now here, when the dead will hear the voice of the Son of God, and those who hear will live. For just as the Father has life in himself, so he has granted the Son also to have life in himself; and he has given him authority to execute judgment, because he is the Son of Man. (John 5:24-27)

Everything that the Father gives me will come to me, and anyone who comes to me I will never drive away; for I have come down from heaven, not to do my own will, but the will of him who sent me. And this is the will of him who sent me, that I should lose nothing of all that he has given me, but raise it up on the last day. This is indeed the will of my Father, that all who see the Son and believe in him may have eternal life; and I will raise them up on the last day.' (John 6:37-40)

'I am the good shepherd. The good shepherd lays down his life for the sheep. The hired hand, who is not the shepherd and does not own the sheep, sees the wolf coming and leaves the sheep and runs away—and the wolf snatches them and scatters them. The hired hand runs away because a hired hand does not care for the sheep. I am the good shepherd. I know my own and my own know me, just as the Father knows me and I know the Father. And I lay down my life for the sheep. I have other sheep that do not belong to this fold. I must bring them also, and they will listen to my voice. So there will be one flock, one shepherd. (John 10:11-16)

Martha said to Jesus, 'Lord, if you had been here, my brother would not have died. But even now I know that God will give you whatever you ask of him.' Jesus said to her, 'Your brother will rise again.' Martha said to him, 'I know that he will rise again in the resurrection on the last day.' Jesus said to her, 'I am the resurrection and the life. Those who believe in me, even though they die, will live, and everyone who lives and believes in me will never die. Do you believe this?' She said to him, 'Yes, Lord, I believe that you are the Messiah, the Son of God, the one coming into the world.' (John 11:21-27)

'Do not let your hearts be troubled. Believe in God, believe also in me. In my Father's house there are many dwelling-places. If it were not so, would I have told you that I go to prepare a place for you? And if I go and prepare a place for you, I will come again and will take you to myself, so that where I am, there you may be also. And you know the way to the place where I am going.' Thomas said to him, 'Lord, we do not know where you are going. How can we know the way?' Jesus said to him, 'I am the way, and the truth, and the life. No one comes to the Father except through me. (John 14:1-6)

Recommended Funeral/Memorial Service Hymns

(Many of these hymns can be used in more than one category)

(PSB = *Parish Songbook*)

Processional Hymns

<i>All Creatures of Our God and King</i>	400
<i>Alleluia, Sing to Jesus</i>	460
<i>Christ Whose Glory Fills the Skies</i>	7
<i>For All the Saints</i>	287
<i>Glorious Things of Thee are Spoken</i>	522
<i>Holy, Holy. Holy</i>	362
<i>How Firm A Foundation</i>	636/637
<i>I Sing a Song of the Saints of God</i>	293
<i>Joyful, Joyful</i>	376
<i>Love Divine All Loves Excelling</i>	657
<i>Morning Has Broken</i>	8
<i>O Worship the King</i>	388
<i>Praise to the Lord</i>	390
<i>Welcome Happy Morning</i>	179
<i>When Morning Gilds the Skies</i>	427

Communion Hymns

<i>Abba Father (PSB)</i>	1
<i>Be Not Afraid (PSB)</i>	11
<i>Fly Like A Butterfly (PSB)</i>	47
<i>Healer of Every Ill (PSB)</i>	67
<i>Hymn of Promise (PSB)</i>	79
<i>I am the Bread of Life</i>	335
<i>I Will Change Your Name (PSB)</i>	88
<i>Jesus, Remember Me (PSB)</i>	104
<i>Just a Closer Walk With Thee (PSB)</i>	106
<i>Let All Mortal Flesh Keep Silence</i>	324
<i>My Shepherd Will Supply My Need</i>	664
<i>On Eagles' Wings (PSB)</i>	133
<i>Surely the Presence (PSB)</i>	164

Sequential Hymns

<i>Abide With Me</i>	662
<i>All Things Bright and Beautiful</i>	405
<i>Alleluia (PSB)</i>	2
<i>Amazing Grace</i>	671
<i>Amazing Grace (PSB)</i>	5
<i>As the Deer (PSB)</i>	6
<i>Be Thou My Vision</i>	488
<i>Fairest Lord Jesus</i>	383
<i>God is Love</i>	379
<i>Great is Thy Faithfulness (PSB)</i>	58
<i>Guide Me O thou Great Jehovah</i>	690
<i>He Who Would Valiant Be</i>	564
<i>Here I Am Lord (PSB)</i>	69
<i>How Great Thou Art (PSB)</i>	77
<i>I Need Thee Every Hour (PSB)</i>	85
<i>I Want to Walk As a Child of the Light</i>	490
<i>If Thou But Trust in God to Guide Thee</i>	635
<i>In Christ Alone (PSB)</i>	91
<i>In the Garden (PSB)</i>	96
<i>Jerusalem My Happy Home</i>	620
<i>Jerusalem the Golden</i>	624
<i>Just A Closer Walk With Thee (PSB)</i>	106
<i>Just As I Am</i>	693
<i>Let Saints on Earth in Concert Sing</i>	526
<i>Lord of the Dance (PSB)</i>	112
<i>My Faith Looks Up to Thee</i>	691
<i>My Jesus I Love Thee (PSB)</i>	118
<i>Nearer My God to Thee (PSB)</i>	123
<i>Now Thank WE All Our God</i>	397
<i>O Love of God, How Strong and True</i>	455
<i>O Master Let Me Walk With Thee</i>	660
<i>Oh, How I Love Jesus (PSB)</i>	129
<i>Onward Christian Soldiers</i>	562
<i>The Lord, My God, My Shepherd Is</i>	663
<i>The Old Rugged Cross (PSB)</i>	173
<i>What A Friend We Have in Jesus (PSB)</i>	196

Offertory/Special Music

<i>A Clare Benediction</i> (printed)	
<i>Ave Maria</i> (printed)	
<i>Ave Verum</i> (printed)	
<i>Because He Lives</i> (PSB)	14
<i>His Eye is On the Sparrow</i> (PSB)	70
<i>Humbly I Adore Thee</i>	314
<i>In the Garden</i> (PSB)	96
<i>Into Paradise, May the Angels Lead You</i>	354
<i>Irish Blessing</i> (printed)	
<i>It Is Well With My Soul</i> (PSB)	198
<i>May Choirs of Angels Lead you</i>	356
<i>Now the Day is Over</i>	42
<i>Nunc Dimittis</i>	499
<i>Pie Jesu</i> (printed text/solo)	
<i>Shall We Gather at the River</i>	153
<i>Swing Low Sweet Chariot</i> (printed)	

Recessional Hymns

<i>A Mighty Fortress</i>	688
<i>Blessed Assurance</i> (PSB)	15
<i>Eternal Father</i>	608
<i>He IS Risen</i>	180
<i>Into Paradise May the Angels Lead You</i>	354
<i>Jesus Lives</i>	195
<i>Lift High the Cross</i>	473
<i>May Choirs of Angels Lead you</i>	356
<i>Nunc Dimittis</i>	499
<i>O God Our Help</i>	680
<i>The Church's One Foundation</i>	525
<i>The Strife is O'er</i>	208
<i>We Know that Christ is Raised</i>	296
<i>When the Saints Go Marching In</i> (PSB)	199
<i>Ye Holy Angels Bright</i>	625
<i>Ye Watchers and Ye Holy Ones</i>	618

Additional hymns may be considered at the discretion of the Director of Music and approval of the clergy.

Pre-funeral Plan Information

A meeting with Christ Church clergy is required to complete a funeral plan. Thoughtful consideration of the following information and the completion of this document will be helpful prior to scheduling this meeting. Once a member of the clergy staff signs off the plan, it will be held on file at the church.

Personal Information

Full Name _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Email _____

Family Contacts

Name _____

Relationship _____

Address _____

City _____

State _____

Zip Code _____

Preferred phone _____

Email _____

Name _____

Relationship _____

Address _____

City _____

State _____

Zip Code _____

Preferred phone _____

Email _____

☐ Check this box if Additional Contacts are added.

Final Disposition of my body

Check one:

☐ Burial

☐ Cremation

☐ Donation to Research

Interment at Christ Church

☐ Soil

☐ Columbarium

Cemetery Name: _____

I ☐ have ☐ have not consulted the above name cemetery regarding:

☐ Cemetery plot

☐ Vault

☐ Crypt

☐ Niche for cremated remains

☐ Memorial marker

☐ Service and Casket

The location or number of my burial plot (cemetery, mausoleum, columbarium niche) or other instructions

Type of Service

☐ Rite One

☐ Rite Two

☐ With Eucharist

☐ Without Eucharist

☐ Ashes Present in church

☐ Casket Present in church

☐ Graveside Service

☐ Military Honors

I want to have these services conducted at

☐ Christ Church

☐ Contemporary Worship Space

☐ Cooper Chapel at Christ Church

☐ Funeral Home – Name _____

Funeral/Memorial Service Details

Scripture Readings

1st Reading _____

Psalm _____

2nd Reading _____

The Gospel _____

Music: _____

Prelude: _____

Opening Hymn: _____

Between Readings: _____

Offertory: _____

At Communion: _____

Recessional: _____

Postlude: _____

Other instructions not covered above

HEALTH CARE FACILITIES

HOSPITALS		
BAPTIST BEACHES	1350 13 th Ave. S, JAX Beach	627-2900
BAPTIST (DOWNTOWN)	800 Prudential Dr. JAX 32207	202-2000
BAPTIST SOUTH	14546 Old St. Augustine Rd. JAX	271-6000
CONSULATE HEALTH CARE	4101 Southpoint Dr. E. JAX 32216	296-6800
FLAGLER	400 Health Park Blvd St. Augustine	819-5155
MAYO CLINIC	4500 San Pablo Road, JAX 32224	953-2000
MEMORIAL	3625 University Ave. JAX	399-6111 EXT 2
SHAND'S	580 W 8 th St JAX 32209	244-0411 EXT 1
SOUTHPOINT	6900 Southpoint Dr. JA 32216	245-7620
SPECIALTY HOSPITAL	4901 Richard St, JAX	737-3120
ST VINCENT'S (DOWNTOWN)	1 Shircliff Way (can be reached off Riverside Avenue too)	308-7300
ST VINCENT'S SOUTHSIDE	4201 Belfort Rd JAX 32216	296-3700
WOLFSON'S CHILDREN'S HOSP.	800 Prudential Dr. JA 32207	202-8000
HOSPICE FACILITIES		
CHNE -BAILEY CENTER	400 Health park blvd St. Augustine -just before Flagler Hosp emergency entrance	(904) 268-5200
CHNE - HADLOW	4266 Sunbeam Rd (runs between Phillips Hwy. and San Jose Blvd	268-5200
CHNE - MCGRAW HOSPICE	4715 Worrall Way JAX (take WM Davis Pkwy off San Pablo and it runs left, just opp. the fire station	268-5200
HAVEN HOSPICE	8301 Cypress Plaza Dr. #119 JAX	733-9818
ASSISTED LIVING/REHAB		
ARBOR TERRACE	5125 Palm Valley Road Ponte Vedra Beach, FL 32082	513-1877
ASHFORD COURT	1700 The Greens Way JAX Beach Off Ponte Vedra Lakes Blvd	285-8827
ATRIA	14199 WM Davis Parkway	821-9900
ATRIUM	9960 Atrium Way JAX 32225	724-4726
AVANTE	1504 Seabreeze Ave. JAX Beach off AIA	249-7421
BAYVIEW NURSING	161 Marine St. St. Augustine	829-3475
BROOKDALE (FORMALLY CARRIAGE CLUB)	9601 South Brook Dale Jacksonville, 32256	641-7501
BROOKS REHAB	3599 University Blvd. S 32216 (also has a Brooks at St. V's South)	858-7600 x1
BROOKS REHAB (ST VINCENTS)	4201 Belfort Road Jacksonville, FL 32216	296-5645
BROOKS BARTRAM CROSSING	100,6209 Brooks Bartram Drive Jax 32258	528-3010

CYPRESS HC	4600 Middleton Park Circle E. JAX	223-6100
FLEET LANDING	1 Fleet Landing Blvd Atl. Bch	246-9900
HEARTLAND NURSING	3648 University Blvd S JAX 32216	733-7440
LIFECARE	4813 Lenoir Ave. JAX 32216	332-4546
TERRACES OF JACKSONVILLE	10680 Old St. Augustine Rd Jax 32257	268-4953
THE PALMS	405 Solano Rd. PVB	285-5354
VICAR'S HC	1000 Vicars Landing Way, JAX	285-1055
RIVERWOOD CENTER	2802 Parental Home Rd. Jax 32216	721-0088
WOODLAND GROVE	4325 Southpoint Blvd Jax	245-7620

No Spouse, No Kids, No Caregiver: How to Prepare to Age Alone

A growing population of 'elder orphans' lack a built-in support system. What to do if you become one.



By Anna Medaris Miller, Contributor Oct. 26, 2015, at 12:54 p.m.

WHEN CAROL MARAK WAS IN her 30s, she asked herself whose life she wanted: her brother's – the life of a successful and well-traveled businessman – or his wife's – the life of a woman whose career better accommodated raising three children.

The answer was a no-brainer: "My brother was in a position I wanted," says Marak, now a 64-year-old editor at SeniorCare.com who lives in Waco, Texas. Although she had been married and divorced earlier in life, at that point she had no kids and "made a very conscious decision" to keep it that way, she says.

Plenty of Marak's peers did the same thing. According to a 2012 study in *The Gerontologist*, about one-third of 45- to 63-year-olds are single, most of whom never married or are divorced. That's a whopping 50 percent increase since 1980, the study found. What's more, about 15 percent of 40- to 44-year-old women had no children in 2012 – up from about 10 percent in 1980, U.S. Census data shows. "My career was No. 1 in my life," says Marak, who worked in the technology industry for years.

But today, Marak and her single, childless contemporaries are facing a repercussion of their decision that never crossed their minds as 30-somethings: "How in the world will we take care of ourselves?" she asks.

Dr. Maria Torroella Carney, chief of geriatrics and palliative medicine at North Shore-LIJ Health System in New York, is asking the same thing.

In research presented this year at The American Geriatric Society's annual meeting, Carney and her colleagues found that nearly one-quarter of Americans over age 65 are or may become physically or socially isolated and lack someone like a family member to care for them. Carney calls them "elder orphans."

"The risk of potentially finding yourself without a support system – because the majority of care provided as we get older is provided by family – may be increasing," she says.

The consequences are profound. According to Carney's work, older adults who consider themselves lonely are more likely to have trouble completing daily tasks, experience cognitive decline, develop coronary heart disease and even die. Those who are socially isolated are also at risk for medical complications, mental illness, mobility issues and health care access problems.

"You could be at a hospital setting at a time of crisis and could delay your treatment or care, and your wishes may not be respected [if you can't communicate them]," says Carney, also an associate professor at Hofstra North Shore-LIJ School of Medicine.

Take "Mr. HB," a 76-year-old New York man described in Carney's research as "a prototypical elder orphan." After attempting suicide, he arrived at a hospital with cuts on his wrist, bed sores, dehydration, malnutrition and depression. He lived alone and hadn't been in contact with any relatives in over a year. His treatment was complicated, the researchers report, in part because he was too delirious to make clear decisions or understand his options. He wound up at a nursing facility with plans to eventually be placed in long-term care.

But growing older without kids or a partner doesn't mean you're doomed – just as aging *with* kids and a partner doesn't mean all's clear. "We're all at risk for becoming isolated and becoming elder orphans," Carney says. You could outlive your spouse or even your children, find yourself living far from your family or wind up in the caretaker role yourself if a family member gets sick. Keep in mind that 69 percent of Americans will need long-term care, even though only 37 percent think they will, according to SeniorCare.com.

Plus, there's no way around the natural physical and mental declines that come with age. "Everybody has to prepare to live as independently as possible," Carney says. Here's how:

1. Speak up.

Marak wishes she had talked more with her friends and colleagues about her decision not to become a mom early on. That may have given her a jump-start on anticipating various problems and developing solutions to growing older while childless. She advises younger generations to discuss their options openly with friends – married and single, men and women – before making a firm decision.

"We discuss our psychological issues with professionals. We discuss our money strategies with financial experts," Marak says. "Why not talk openly about family concerns and what it means to have or not have children? So many of us go into it with blinders on."

2. Act early.

How early you start planning for your future health depends partly on your current condition – and your genes, says Bert Rahl, director of mental health services at the Benjamin Rose Institute on Aging. "If your ancestry is that people die early, you have to plan sooner and faster," he says.

But whether you come from a family of supercentenarians or people who have shorter life spans, it's never too soon to save for long-term care, whether it's by investing in a home, putting aside a stash for medical emergencies or "whatever you can do to have a nest egg," Marak says. "Life is serious, especially when you get old. Don't get to [a point] when you're 60 and now you're having to scramble to catch up."

Still not motivated? "Everybody wants some control in [their] life," Rahl says. "If you don't plan, what you're choosing to do is cede that control to somebody else – and the likelihood that they're going to have your best interests at heart is a losing proposition."

3. Make new friends and keep the old.

Your social connections can help with practical health care needs, like driving you to the doctor when you're unable. But they also do something powerful: keep you alive, research suggests. In a 2012 study of over 2,100 adults age 50 and older, researchers found that the loneliest older adults were nearly twice as likely to die within six years than the least lonely – regardless of their health behaviors or social status.

Connections can also help ward off depression, which affects nearly 20 percent of the 65-and-older population, according to the National Alliance on Mental Illness. "One of the things that keeps people from being depressed is to be connected," Rahl says. "The more social activities you have, the more friends, the more things you can do to keep your body and mind active – that's the best protection you have against mental illness."

4. Appoint a proxy.

Who is your most trusted friend or relative? "Identify somebody to help you if you're in a time of crisis, and revisit that periodically over your life," Carney suggests. Make sure that person knows your Social Security number, where you keep your insurance card, which medications you take – "the whole list of things somebody needs to know if they're going to help you," advises Dr. Robert Kane, director of the University of Minnesota's Center on Aging.

What Are the Secrets to Aging Well?

It takes a number of strategies to stay healthy and vibrant late into life.

Before you start losing any cognitive capacities, consider designating that person as your durable power of attorney for health care, or the person who makes health care decisions for you when you're no longer able.

If no one comes to mind, hire an attorney who specializes in elder care law by asking around for recommendations or searching online for highly rated professionals. Unlike your friends, they have a license to defend and are well-versed in elder care issues. Most of the time, Rahl's found, "they're trustworthy and will do a good job for you."

5. Consider moving.

Marak is on a mission: "to create my life where I'm not transportation-dependent," she says. She's looking to move to a more walkable city, perhaps a college town where she's surrounded by young people and can stay engaged with activities like mentoring. She also hopes her future community is filled with other like-minded older adults who can look out for one another. "I want to ... set up my life where I'm not living alone and isolated," she says.

Adjusting your living situation so that you can stay connected to others and get to, say, the grocery store or doctor's office is the right idea, says Carney, who cares for a group of nuns who live communally and has seen other adults create communities that act like "surrogate families," she says. "Think: Where do you want to live? What's most easy? How do you access things? How do you have a support system?"

6. Live well.

Marak is lucky: She's always loved eating healthy foods and walking – two ways to stay as healthy as possible at all ages. "Some of the foods that we eat are really, really bad for the body," she says. "That's one of the major causes of chronic conditions – and not exercising."

Keeping your brain sharp is also critical if you want to be able to make informed decisions about your health care, Rahl says. He suggests doing activities that challenge you – math problems if numbers trip you up, or crossword puzzles if words aren't your forte. "The old adage, 'If you don't use it, you lose it,' is 100 percent correct," he says.

Sorry, Nobody Wants Your Parents' Stuff

Advice for boomers desperate to unload family heirlooms

By Richard Eisenberg Money & Work Editor February 9, 2017

After my father died at 94 in September, leaving my sister and me to empty his one-bedroom, independent living New Jersey apartment, we learned the hard truth that others in their 50s and 60s need to know: Nobody wants the prized possessions of your parents — not even you or your kids.

Admittedly, that's an exaggeration. But it's not far off, due to changing tastes and homes. I'll explain why, and what you can do as a result, shortly.

The Stuff of Nightmares

So please forgive the morbidity, but if you're lucky enough to still have one or more parents or stepparents alive, it would be wise to start figuring out what you'll do with their furniture, china, crystal, flatware, jewelry, artwork and tchotchkes when the mournful time comes. (I wish I had. My sister and I, forced to act quickly to avoid owing an extra month's rent on dad's apartment, hired a hauler to cart away nearly everything we didn't want or wouldn't be donating, some of which he said he'd give to charity.)

Many boomers and Gen X'ers charged with disposing the family heirlooms, it seems, are unprepared for the reality and unwilling to face it.

They're not picking out formal china patterns anymore. I have three sons. They don't want anything of mine. I totally get it.

— Susan Devaney, *The Mavins Group*

"It's the biggest challenge our members have and it's getting worse," says Mary Kay Buysse, executive director of the [National Association of Senior Move Managers](#) (NASMM).

"At least a half dozen times a year, families come to me and say: 'What do we do with all this stuff?'" says financial adviser Holly Kylen of [Kylen Financials](#) in Lititz, Pa. The answer: lots of luck.

Getting Liquid With a Liquidator

Unless, that is, you find a business like [Nova Liquidation](#), which calls itself “the fastest way to cash in and clean out your estate” in the metropolitan areas of Washington, D.C. and Charlottesville and Richmond, Va. Rather than holding an estate sale, Nova performs a “buyout” — someone from the firm shows up, makes an assessment, writes a check and takes everything away (including the trash), generally within two days.

If a client has a spectacular piece of art, Fultz says, his company brokers it through an auction house. Otherwise, Nova takes to its retail shop anything the company thinks it can sell and discounts the price continuously (perhaps down to 75 percent off), as needed. Nova also donates some items.

Another possibility: Hiring a senior move manager (even if the job isn’t exactly a “move”). In a Next Avenue [article](#) about these pros, Leah Ingram said most NASMM members charge an hourly rate (\$40 to \$100 an hour isn’t unusual) and a typical move costs between \$2,500 and \$3,000. Other senior move managers specializing in selling items at estate sales get paid through sales commissions of 35 percent or so.

“Most of the people in our business do a free consultation so we can see what services are needed,” says Devaney.

8 Tips for Home Unfurnishing

What else can you do to avoid finding yourself forlorn in your late parents’ home, broken up about the breakfront that’s going begging? Some suggestions:

1. Start mobilizing while your parents are around. “Every single person, if their parents are still alive, needs to go back and collect the stories of their stuff,” says Kylen. “That will help sell the stuff.” Or it might help you decide to hold onto it. One of Kylen’s clients inherited a set of beautiful gold-trimmed teacups, saucers and plates. Her mother had told her she’d received them as a gift from the DuPonts because she had nursed for the legendary wealthy family. Turns out, the plates were made *for* the DuPonts. The client decided to keep them due to the fantastic story.

2. Give yourself plenty of time to find takers, if you can. “We tell people: The longer you have to sell something, the more money you’re going to make,” says Fultz. Of course, this could mean cluttering up your basement, attic or living room with tables, lamps and the like until you finally locate interested parties.

3. Do an online search to see whether there's a market for your parents' art, furniture, china or crystal. If there is, see if an auction house might be interested in trying to sell things for you on consignment. "It's a little bit of a wing and a prayer," says Buysse.

That's true. But you might get lucky. I did. My sister and I were pleasantly surprised — no, *flabbergasted* — when the auctioneer we hired sold our parents' enormous, turn-of-the-20th-century portrait of an unknown woman by an obscure painter to a Florida art dealer for a tidy sum. (We expected to get a dim sum, if anything.) Apparently, the Newcomb-Macklin *frame* was part of the attraction. Go figure. Our parents' tabletop marble bust went bust at the auction, however, and now sits in my den, owing to the kindness of my wife.

4. Get the jewelry appraised. It's possible that a necklace, ring or brooch has value and could be sold.

5. Look for a nearby consignment shop that might take some items. Or, perhaps, a liquidation firm.

6. See if someone locally could use what you inherited. "My dad had some tools that looked interesting. I live in Amish country and a farmer gave me \$25 for them," says Kylen. She also picked out five shelters and gave them a list of all the kitchen items she wound up with. "By the fifth one, everything was gone. That kind of thing makes your heart feel good," Kylen says.

7. Download the free *Rightsizing and Relocation Guide* from the National Association of Senior Move Managers.

8. But perhaps the best advice is: Prepare for disappointment. "For the first time in history of the world, two generations are downsizing simultaneously," says Buysse, talking about the boomers' parents (sometimes, the *final* downsizing) and the boomers themselves. "I have a 90-year-old parent who wants to give me stuff or, if she passes away, my siblings and I will have to clean up the house. And my siblings and I are 60 to 70 and *we're* downsizing."

This, it seems, is 21st-century life — and death. "I don't think there is a future" for the possessions of our parents' generation, says Eppel. "It's a different world."

Advance Care Planning Checklist

What Matters Most?



There are many steps you can take to have the conversation and make your wishes known! Get started today:

- ☐ Make a list of the three most important things you want those close to you to know about your wishes for end-of-life care.
- ☐ Think about who you would want to make your medical care decisions for you if you could not speak for yourself.
- ☐ Plan when and where you might want to talk to that person and others close to you about your wishes.
- ☐ Make a list of questions you would like to ask your doctor.
- ☐ Fill out an advance care planning document to record your wishes and legally appoint the person (surrogate) who will speak for you if you can't speak for yourself.
- ☐ Make copies of your document and give them to your surrogate(s), your doctors and anyone else you would like to know your wishes.
- ☐ If you already have an advance care plan or an advance directive, review it to make sure it still conveys your current wishes.
- ☐ Talk with those close to you about their wishes.



Honoring Choices[®]
FLORIDA

Advance Care Planning (ACP)



A program of Community Hospice & Palliative Care
in collaboration with Northeast Florida hospitals

You have many rights when you receive health care. You have the right to be told about your medical condition, prognosis, treatment options and their benefits and risks. You also have the right to accept or refuse these options. Whatever you decide, it is important to discuss your wishes and decisions with your doctors and loved ones. You can also put your wishes, desires and plans for future medical care in writing, so they can be known should you become unable to speak for yourself.

What is Advance Care Planning?

Advance care planning (ACP) is a process of understanding, reflecting on, discussing and documenting future medical preferences in the event of a sudden illness or injury, or a chronic or life-limiting illness. ACP includes:

- Understanding your health care treatment options
- Clarifying your health care goals
- Weighing your options about what kind of care and treatment you would or would not want
- Making decisions about whether you want to appoint someone to speak on your behalf if you are unable to express your wishes
- Making a decision about whether you want to put your wishes in writing by completing an ACP document
- Communicating your wishes and sharing any documents with your family, friends, clergy, physicians and other health care providers

What is Honoring Choices Florida?

Honoring Choices Florida is a program with a mission to promote the benefits of Advance Care Planning (ACP), and provide adults with the opportunity to have an ACP conversation. The program provides individuals the opportunity to have a conversation with a trained facilitator, a person who can guide the decision-making process based on the individual's values, wishes, and goals. Community Hospice & Palliative Care oversees and coordinates the development and expansion of the program. The program is based on proven concepts, methodologies, training systems and materials.

What is an ACP Document and Why is it Important?

An ACP document, also known as an Advance Directive, is a form that identifies your health care surrogate, the person you have named to make decisions for you in the event you are unable to speak for yourself. It also records your wishes and preferences for care if two doctors confirm you have a terminal illness, an end-stage condition, or are in a persistent vegetative state. The document is used as a communication tool when you cannot speak for yourself. It helps guide your surrogate, loved ones and health care providers so your wishes can be honored.

Does an Advance Care Plan Expire?

While there is no expiration date, you can change or destroy an existing document at any time. We do suggest that you review your advance care plan whenever there is a change in decade, or when you experience the death of a loved one, a divorce, a new diagnosis or a decline in your health. We call these the "5 D's".

Advance Care Planning (ACP)



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Why do I have to talk about this?

Starting a conversation about end-of-life care can be difficult for all of us. It is, however, imperative that these conversations happen. It is impossible to put every single decision you or your loved ones might face in writing, therefore the conversation gives your family the opportunity to ask questions and clarify your goals. The tips below can help you start a conversation to increase the confidence and comfort of your loved ones should the need arise for them to make health care decisions for you.

How do I get started?

Some people wait until they are faced with a medical procedure or serious diagnosis to have a conversation with their loved ones or doctors. Although this is not necessarily a bad time, it is likely that you and your loved ones would already be stressed which can make the conversation more difficult. Regardless of when you start the conversation, consider these tips:

- Pick a time when you and your loved ones are comfortable and relaxed
- The more of your loved ones who are present, the more they all hear the same thing at the same time, helping to decrease the chance for future conflict
- Adopt an approach that signals this is something you are taking seriously without being grim or morbid

Some ice breakers could include:

- *"I've been thinking about the future and would like to talk with you about some things."*
- *"I need your help as I plan for the future..."*
- *"Everything is fine right now but I'd like for you to know how I feel about some things for the future."*
- *"While we're all together, I'd like to talk about the advance care plan I'm making."*

What should I discuss?

Think about any experiences you've had with family or friends who became seriously ill or injured. What did you learn from those experiences? How did those experiences shape your wishes/goals? Next, reflect on what gives your life meaning and what conditions you would consider worse than death. Finally, think about any personal, religious, or cultural beliefs that might influence the type of care you would want. Use those topics as an outline.

Here are some examples of how to start:

- *"I was thinking about what happened to _____ and it helped me to realize..."*
- *"After what happened with _____, I want you to know..."*
- *"What matters most to me is ..." (e.g. being comfortable, recognizing family, independence, being able to interact meaningfully, etc.)*
- *"I would or would not want to be on life support if..."*
- *"In thinking about the beliefs that are important to me, I realized that..."*
- *"What I believe about how end-of-life care should be is after..."*

No matter how you approach the conversation, your loved ones will look back on it as a gift they were given that helped make a difficult time easier.

Have the Conversation!

Can I get help with Advance Care Planning?

Yes! Honoring Choices Florida has certified Advance Care Planning facilitators available to meet with you at no cost. If you would like to schedule an appointment visit our website, HonoringChoicesFL.com or call **904.407.7024**.

Health Care Surrogate Guide



A program of Community Hospice & Palliative Care
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What is a Health Care Surrogate?

A Health Care Surrogate is an adult who has been named to be the medical decision maker for an individual in the event that person is unable to speak for themselves when decisions need to be made. In the state of Florida a physician must be the one to determine that someone is not capable of making their own medical decisions. About 50% of the population will be unable to speak for themselves and make health care decisions at some point in their lives.

What does it mean to be a Health Care Surrogate?

Being a health care surrogate is a very important role. It means that someone has entrusted you to make their decisions and honor their choices if they are ever determined by a doctor to be unable to do so for themselves. The expectation is that you will make decisions that the person would have made for themselves, were they able, even if you do not personally agree with them. Talk with the person you are representing to ensure that you understand their wishes for future health care issues. You may need to talk from time to time to see if his or her choices have changed.

What kinds of decisions might need to be made?

There is no way to predict what decisions might have to be made for someone but some of the more common ones include:

- Picking where and from whom the person will get medical care
- Speaking with the health care team about the individual's condition and treatment options
- Allowing or refusing medicines and/or laboratory tests to be administered
- Agreeing to or refusing surgery or other treatments including CPR and artificial nutrition and hydration
- Deciding to stop treatments or life support measures in keeping with the person's wishes
- Deciding who is allowed access to the person's medical record

Am I the right one to do this?

We advise potential health care surrogates to ask themselves these questions:

- Am I willing to be a health care surrogate?
- Am I willing to find out as much as I can about their wishes, goals, and beliefs about medical care, especially end of life medical care?
- Can I follow their choices and wishes even if I don't agree with them and/or stand up against others who might disagree?
- Can I make difficult decisions under stressful and emotional circumstances?

What else do I need to know?

- Get a copy of the most recent advance care planning document which names you as surrogate
- Have a conversation with the individual and ask these questions, having the person provide detailed responses:
 - What's important to you to "live well?"
 - What brings you joy in life?
 - What does quality of life mean for you?
 - What experiences and beliefs have influenced your decisions?

Having these kinds of discussions with the individual will help you be as confident as possible, should the time come for you to carry out their wishes. It will also help to decrease the likelihood of conflict among loved ones.

If you would like help engaging in the conversation, or if you have questions, trained facilitators are available free through Honoring Choices Florida . Contact us through the website or phone number below.

Antibiotics



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What are Antibiotics?

Antibiotics are drugs used to treat infections that are caused by bacteria. For example, they are used to treat such illnesses as:

- Pneumonia
- Urinary tract infections
- Strep throat
- Bacterial ear infection
- Kidney Infections
- Sinus infections

What are the benefits?

Antibiotics can:

- Stop infection from spreading
- Treat painful conditions like urinary tract infections, skin infections and tooth decay

Antibiotics do not work for:

- The common cold or flu (both are caused by a virus)
- Most coughs
- Most sore throats
- Most bronchitis

Antibiotics fight infection and may ease discomfort, but they will not cure a chronic or terminal illness.

What are the risks?

- Increases the possibility of getting a resistant infection in the future
- Upset stomach
- Nausea, vomiting
- Diarrhea
- Killing of "good bacteria" living inside your body
- Allergic reactions such as breathing problems, rashes, swelling of face and throat

Your doctor can help you understand more about your risk factors and possible side effects.

Consider these Questions

Everyone has the right to make their own health care choices and inform others of their wishes in the event they cannot speak for themselves someday. These are questions to think and talk about as you decide about antibiotics use:

- What makes life meaningful for me?
- Under what conditions/situations would I want to be given antibiotics?
- In what conditions/situations would I not want antibiotics?
- Would I want treatment with antibiotics if:
 - I have a terminal illness?
 - I have an end-stage medical condition?
 - I am unable to recognize my loved ones or know who I am?

Remember to inform your doctors, family and loved ones about your wishes and decisions regarding antibiotics as part of your advance care planning.

Artificial Nutrition and Hydration (ANH)

What is Artificial Nutrition and Hydration?

Artificial nutrition and hydration is a medical treatment that provides nutrition (food) and hydration (fluids) when a person is unable to drink or eat enough on their own or have problems swallowing.

How is Artificial Nutrition and Hydration done?

It can be provided through an IV directly into a vein or by putting a tube into the stomach, called a feeding tube. The type of tube depends on how long the artificial nutrition or hydration is needed:

- If only a few days: a nasogastric or NG tube is inserted through the nose to the stomach
- If more than a week: a percutaneous endoscopic gastrostomy (PEG) tube is placed directly into the stomach through a small incision

What are the benefits?

The benefits of artificial nutrition and hydration depend on the person's medical condition.

- Following an accident or in the case of a curable illness, short-term artificial nutrition and hydration can provide nutrients until the body heals
- It may help if a person has difficulty swallowing or reduced oral intake due to illness, injury or disability
- It is often useful when recovering from surgery
- It is useful for generally healthy people who require long-term nutritional support
- It may relieve pain with eating due to mouth or throat problems

What are the risks?

Some of the risks of artificial nutrition and hydration that can affect comfort include:

- Infection
- Agitation leading to an attempt to pull needles and tubing out
- Swelling of the legs, arms and body
- Fluid in the lungs that can make it hard to breathe
- Diarrhea
- Inhaling contents of the stomach into the lungs

Will artificial nutrition and hydration work for me?

Artificial nutrition and hydration (ANH) will not cure a serious or life-limiting illness. Our bodies begin to shut down because of illness, not because of the absence of nutrition. As our bodies are shutting down, we usually lose the ability and interest to eat or drink. ANH can increase suffering during the dying process. It is important to talk with your doctor about the benefits and risks of ANH when faced with a serious or life-limiting illness.

Consider these Questions

Everyone has the right to make their own health care choices and inform others of their wishes in the event they cannot speak for themselves someday. These are questions to think and talk about as you decide about artificial nutrition and hydration:

- What makes life meaningful for me?
- Under what conditions/situations would I want artificial nutrition and hydration?
- Under what conditions/situations would I not want artificial nutrition and hydration started?
- Would I want artificial nutrition and/or hydration if my doctors think it would not improve my comfort level or might increase my discomfort?
- Would I want artificial nutrition and/or hydration if I had a terminal illness, an end stage medical condition or if I am unable to recognize my loved ones or know who I am?

Remember to inform your doctors, family and loved ones about your wishes and decisions regarding artificial nutrition and hydration as part of your advance care planning.

What is CPR?

Cardio-Pulmonary Resuscitation (CPR) is an emergency procedure done on someone whose heart or breathing has stopped. It may include:

- Chest compressions to keep blood circulating
- Rescue breathing to get oxygen to the lungs
- Electrical shock to the chest
- A tube inserted into the windpipe to get air into the lungs
- Medications to stimulate the heart

Will it work?

Most people think of CPR as what they've seen on TV or movies. That's not very accurate.

It works best:

- On the young and healthy who do not have any serious or chronic health problems
- If started within a few minutes of cardiac arrest

It does not work well for those who:

- Are older and weak
- Have significant or chronic health problems
- Have a life-limiting illness

Statistics reported by the American Heart Association on their website document that outcomes vary greatly on the setting in which CPR was initiated. On average, in-hospital patients receiving CPR have an approximately 25% chance of survival and live to discharge. For those who are older and/or living in a nursing home, the survival rate is much lower. Of those who received out-of-hospital CPR and were then hospitalized, 12% survived to discharge. Additionally, survival rate decreases with age: 8% for those 65-79 years old, 4% for those in their 80's, and 2% for those 90 years and older.

What are the risks?

Even when CPR does restart your heart or breathing, there are usually side effects including:

- Damage to ribs and/or internal organs
- Brain damage that can affect the ability to speak, recognize loved ones, and/or provide self care
- Dependence on a breathing machine/ventilator
- Care in an intensive care unit (ICU)

Your doctor can help you understand more about your risk factors and possible side effects.

Consider these Questions

Everyone has the right to make their own health care choices and inform others of their wishes in the event they cannot speak for themselves someday. These are questions to think and talk about as you decide about CPR:

- What makes life meaningful for me?
- What results could I accept by having CPR?
- Would I want to be kept alive if I couldn't breathe without a machine, think or talk, recognize my loved ones or know who I am?

Remember to inform your doctors, family and loved ones about your wishes and decisions regarding CPR as part of your advance care planning. Doing so will make the decision-making process regarding your continued care less difficult for those acting on your behalf.

Dialysis



A program of Community Hospice & Palliative Care
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What is Dialysis?

People are given dialysis treatment when their kidneys are not working properly. Dialysis helps to remove toxins that build up in the body and helps to control blood pressure. There are two main types of dialysis:

The most common, **hemodialysis**, draws blood from the body through a machine called a dialyzer. The dialyzer filters out the toxins and excess water and then pumps the blood back into the body. Hemodialysis usually takes place in a hospital, doctor's office or clinic three times a week for four hours at a time. **Peritoneal** dialysis uses the membrane of the abdominal wall, called the peritoneum, to filter the toxins. A catheter is inserted into the abdominal wall and a fluid called dialysate is infused into the area and the waste is drained out. Peritoneal dialysis can be done at home, with or without a machine and is managed by the person receiving the treatment or their caregiver.

A doctor can help determine which dialysis treatment is best for the individual.

What are the benefits?

- It gives the kidneys a chance to rest and recover, when kidney failure is temporary
- It prevents toxins from building up in the body
- It gives otherwise healthy patients the potential to live for years

Does dialysis cure kidney disease?

Dialysis will not cure chronic or end stage kidney failure and will be needed for life unless the person is able to get a kidney transplant. Life expectancy on dialysis can vary depending on other medical conditions. It is important to talk with your doctor about the risks and benefits of dialysis specific to your health.

What are the risks?

Some of the possible risks/side effects of dialysis include:

- Bleeding at the access site
- Low blood pressure
- Irregular heartbeat
- Inflammation of the membrane surrounding the heart (pericarditis)
- Infection
- Itchy skin
- Nausea
- Air bubbles in the blood
- Muscle cramps
- Depression

Consider these Questions

Everyone has the right to make their own health care choices and inform others of their wishes in the event they cannot speak for themselves someday. These are questions to think and talk about as you decide about dialysis:

- What makes life meaningful for me?
- Under what conditions would I want dialysis?
- Under what conditions/situations would I not want dialysis?
- Would I want dialysis if:
 - I have a terminal illness?
 - I have an end stage condition?
 - I am unable to recognize my loved ones or know who I am?

Remember to inform your doctors, family and loved ones about your wishes and decisions regarding dialysis as part of your advance care planning. Doing so will make the decision-making process regarding your continued care less difficult for those acting on your behalf.

Tube Feeding



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What is Tube Feeding?

When someone becomes unable to swallow due to illness or age, a tube can be placed through the nose to the stomach or directly into the stomach through a surgical opening in the abdomen to provide liquid nutritional supplements, medicine and water.

How is Tube Feeding done?

In order to provide food and fluids a tube is inserted directly into the stomach. This is called a feeding tube. The type of tube depends on how long artificial nutrition or hydration is needed:

- If only a few days: a nasogastric or NG tube is inserted through the nose to the stomach
- If more than a week: a percutaneous endoscopic gastrostomy (PEG) tube is placed directly into the stomach through a small cut

What are the benefits?

- Useful for people recovering from surgery or sudden illness
- Useful for generally healthy people who require long-term nutritional support
- Relieves the pain of eating due to mouth or throat problems

What are the risks?

Some of the risks of feeding tubes include:

- Infection
- Damage inflicted if an agitated person attempts to pull the feeding tube out
- Risk of inhaling contents of the stomach into the lungs
- Tube feeding may not extend life and does not reverse the process of dying

Many people wonder if refusing a feeding tube will cause them to “starve to death.” It is important to know that very rarely do dying people report sensations of hunger. If a person has a life-limiting illness, and a feeding tube will not be a cure, than starting one may do more harm than good. At the end of life, the body becomes unable to use and process food and fluids. Your health care provider can help you and/or your loved ones with determining whether tube feeding is appropriate.

Consider these Questions

Everyone has the right to make their own health care choices and inform others of their wishes in the event they cannot speak for themselves someday. These are questions to think and talk about as you decide about tube feeding:

- What makes life meaningful for me?
- Under what conditions/situations would I want tube feeding?
- Under what conditions/situations would I not want tube feeding started?
- Would I want tube feeding if:
 - I have a terminal illness?
 - I have an end-stage medical condition?
 - I am unable to recognize my loved ones or know who I am?

Remember to inform your doctors, family and loved ones about your wishes and decisions regarding tube feeding as part of your advance care planning.

Ventilator



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What is a Ventilator?

A ventilator is a machine that helps a person breathe. It is also called a respirator. People are placed on a ventilator when they are unable to breathe on their own. When a person is started on a ventilator:

- A tube is inserted into the windpipe
- The tube is connected to a machine that pumps air into the lungs

A person can be on a ventilator for several days with the tube inserted through the mouth and down the trachea to the lungs. If the ventilator is needed for a longer period of time, an incision is made in the neck directly into the trachea (called a tracheotomy) and the tube is inserted through the incision down to the lungs.

What are the benefits?

- Helps patients breathe during surgery
- Keeps the person alive while health care providers attempt to treat the disease that is causing the difficulty

The goal is to help people recover as quickly as possible and to get them off the ventilator at the earliest possible time. A person's age and health are contributing factors to this point. Your doctors may be able to give you a good idea about how likely the use of mechanical ventilation will lead to a successful recovery.

What are the risks?

Some of the risks of mechanical ventilation include:

- Inability to speak or eat
- Unable to ever come off, or "wean," from the ventilator
- Infections
- Collapsed lung(s)
- Lung damage
- Restraints may be required

Mechanical ventilators do not actually fix or cure diseases.

Sometimes the lungs fail because the body is dying, and using the ventilator in place of the lungs only serves to put off what is inevitable: death. In situations when the person is dying and life is prolonged, the ventilator may increase the length of time the person is uncomfortable in their final days.

Consider these Questions

Everyone has the right to make their own health care choices and inform others of their wishes in the event they cannot speak for themselves someday. These are questions to think and talk about as you decide about mechanical ventilation:

- What makes life meaningful for me?
- Under what conditions/situations would I want a ventilator used?
- Under what conditions/situations would I not want a ventilator used?
- Would I want to be on a ventilator if:
 - I have a terminal illness?
 - I have an end-stage medical condition?
 - I am unable to recognize my loved ones or know who I am?

Remember to inform your doctors, family and loved ones about your wishes and decisions regarding mechanical ventilation as part of your advance care planning.

Organ, Tissue and Whole Body Donation



A program of Community Hospice & Palliative Care
in collaboration with Northeast Florida hospitals

Every year thousands of people wait for organ transplants and thousands more receive treatment using tissue donations such as: corneas (the clear front covering of the eye), bone, heart valves, or tendons. Whole body donations play a critical role for educational institutions that have health care training programs. Making this decision a part of your advance care planning process is a way to inform your loved ones, health care surrogates, and health care providers about your wishes regarding organ, tissue and whole body donation.

What parts of my body can I donate?

A person can donate specific organs such as kidney, liver, lung, heart, or pancreas to be used if medically acceptable for transplantation. Different forms of eye-related anatomical gifts include cornea donation or whole-eye donations. Donors can also give permission for tissues to be harvested for use in medical treatment of others, such as tendons, heart valves, and bone. A person can also donate their brain and spinal cord for Alzheimer's and Parkinson's research.

What if my family members are opposed to donation?

This is why it is important to inform all family members, loved ones and your health care surrogate about your wishes as a part of your advance care planning process. After your death, a family member, guardian, or health care surrogate cannot modify, deny, or prevent your wish to make a donation.

How can I arrange to be an organ donor?

Because of the tremendous need for organ donors, a national resource has been established and each state has simplified ways for helping individuals become organ donors. At the Department of Health and Human Services website <http://organdonor.gov>, a person can find extensive information and can begin a process to sign-up as a donor online. In Florida, one can sign up at www.DonateLifeFlorida.org. Joining an authorized registry legally provides sufficient evidence of your informed consent to donate an anatomical gift.

In Florida, a person may also express a wish to donate:

- in a will
- in a living will or other advance directive
- on a driver's license
- by filling out a Uniform Donor Card or a written equivalent. These must be signed by two witnesses.

Can I have an open casket after donating my eyes or other organs?

An open casket funeral is possible for organ, eye and tissue donors. Organs are removed surgically with the same respect and dignity as in all surgical operations.

Is there a cost?

Some organizations provide all of their services at no cost. Others charge fees for embalming, transportation and other services. Please check the individual websites or specifically ask a representative about fees associated with donation.

Organ, Tissue and Whole Body Donation



Can I donate all or part of my body to be used after my death in medical or dental research, education or treatment?

Yes. A person can donate all or part of his or her body. This is called making an anatomical gift. Individuals under 18 years of age must have their parents or legal guardian give final approval in Florida.

How can I arrange to be a whole body donor?

A person indicates their informed consent to be a whole body donor using the same procedures previously listed for organ donation.

Many medical schools have Willied Body Programs. If you search on the internet using this term, you will find detailed information to help you in your planning. The Florida legislature has also established The Anatomical Board of the State of Florida (<http://anatbd.acb.med.ufl.edu/>) as a nonprofit state organization responsible for receiving, preparing (embalming), storing and distributing donations of human cadavers used in medical education programs throughout the state. Their website has detailed information for donors and for donors to share with their families. There also are private national organizations that will receive whole body donations and use them for medical education, research, and non-transplant tissue donation. An internet search using "whole body donation" can get a potential donor started in evaluating these options.

How long is my whole body used and what happens to my body afterwards?

The Anatomical Board of the State of Florida indicates that the educational use of the body can take up to two years. According to Florida law, after the studies are completed the bodies are cremated and can be returned to the family or a location selected for final internment. If no such request is made, the Anatomical Board takes responsibility for having the ashes spread over the waters of the Gulf of Mexico. Specific arrangements can also be made with national donor organizations or medical schools for cremation and return of cremains for burial. Please ask about time frames with any organizations you are considering.

Where can I find more information on donation?

Anatomical Board of the State of Florida	1-800-628-2594	anatbd.acb.med.ufl.edu
Anatomy Gifts Registry	1-800-300-5433	anatomygifts.org
MedCure	1-866-560-2525	medcure.org
Science Care	1-800-417-3747	sciencecare.com

Remember to inform your doctors, family and loved ones about your wishes and decisions regarding organ, tissue, and whole body donation as part of your advance care planning. Doing so will make the decision-making process regarding your continued care less difficult for those acting on your behalf.

GLOSSARY

Advance Care Directive	An Advance Care Directive is a document by which a person makes provision for health care decisions in the event that, in the future, he/she becomes unable to make those decisions.
AND (Allow Natural Death)	An order to Allow Natural Death is meant to ensure that only comfort measures are provided. By using the AND, physicians and other medical professionals would be acknowledging that the person is dying and that everything that is being done for the patient—including the withdrawal of nutrition and hydration—will allow the dying process to occur as comfortably as possible. While a DNR patient in Intensive Care might be put on a ventilator, given artificial hydration, or have a feeding tube inserted, an AND patient would have all of those things withdrawn, discontinued, or not even started, since such treatments are painful and burdensome for the terminally ill. The AND would prevent this unintentional pain and simply Allow a Natural Death.
Book of Common Prayer (BCP)	The Book of Common Prayer is a treasure chest full of devotional and teaching resources for individuals and congregations, but it is also the primary symbol of our unity. We, who are many and diverse, come together in Christ through our worship, our common prayer. The BCP contains
Columbarium	A place that has been designated for the inurnment of the ashes of those who have been cremated. Christ Episcopal Church has a Columbarium located in the Memorial Garden.
DNR (Do Not Resuscitate)	A legal order written either in the hospital or on a legal form to withhold cardiopulmonary resuscitation (CPR) or advanced cardiac life support (ACLS), in respect of the wishes of a patient in case their heart were to stop or they were to stop breathing. In Florida, to be legal, the DNR must be printed on yellow paper.
Health Care Surrogate	The person you identify to speak on your behalf if you are unable to make your own health care decisions. This person should know your wishes and be able to communicate them to your health care providers when necessary, so it is very important for you to share your wishes with your surrogate. Your surrogate only makes decisions for you if a physician confirms you are unable to do so.
Honoring Choices	“Honoring Choices Florida” is a program designed to create and sustain an integrated, community-wide system to ensure patients’ future health care preferences are discussed, documented and honored. It is individually focused, community-based and provider-

	inclusive, establishing a process for individuals to create well-informed plans and for health care providers, community support systems and family to know and honor the person's health care wishes. Benefits include improved quality of life, continuity of care, respect for individual's wishes, and reduced anxiety of caregivers.
Liquid Assets	Liquid assets are accounts or securities that can be easily converted to cash at little or no loss of value. These include cash, money in bank accounts, money market mutual funds, and US Treasury bills.
Living Will	A signed, witnessed document which instructs an attending physician to withhold or withdraw medical interventions from its signer if he/she is in a terminal condition and is unable to make decisions about medical treatment.
Non-liquid Assets	A type of asset that is not easily turned into cash.
Organ/Tissue Donation	Organ donation is when an organ (e.g., heart, lung, kidney) is removed from one person and transplanted into another person. Tissue donation is when tissues in the body (e.g., skin, corneas, bone) are removed from one person and transplanted into another person.
Palliative Care	A multidisciplinary approach to specialized medical and nursing care for people with life-limiting illnesses. It focuses on providing relief from the symptoms, pain, physical stress, and mental stress of a terminal diagnosis. The goal is to improve quality of life for both the person and their family.
Tax Advisor	A person with advanced training and knowledge of tax law. The services of a tax advisor are usually retained in order to minimize taxation while remaining compliant with the law in complicated financial situations.
Trust	A trust is a fiduciary arrangement that allows a third party, or trustee, to hold assets on behalf of a beneficiary or beneficiaries. Trusts can be arranged in many ways and can specify exactly how and when the assets pass to the beneficiaries.
Will	Sometimes called a "last will and testament," it is a document that states your final wishes. It is read by a county court after your death, and the court makes sure that your final wishes are carried out. Wills are typically drawn up in the state of residence.
Durable Power of Attorney for Healthcare	A signed, witnessed document in which the signer designates an agent to make health care decisions if the signer is temporarily or permanently unable to make such decisions. Unlike most Living Wills, the Durable Power of Attorney for Health Care does not require that the signer have a terminal condition.