

## 1. Conversations That Matter: Outline

# Life Before Death It's Your Life!

## Conversations Matter

### ***New Year Resolution Check-up on 4 Plans:***

***'Self'***

***'Stuff'***

***'Circle'***

***'Legacy'***

Notes by: \_\_\_\_\_

**Sunday January 15, 1-3pm  
Or Monday January 16, 7-9pm**

## 2. Start 'Conversations that Matter'

*As we gather  
(people are welcome half an hour early,  
& some are always barely on time)*

### **Introductions**

Do take a fortune cookie with your tea, juice, water –  
Open it at a table with others, and respond to the slips,  
designed to begin conversations like this...  
Why did you come tonight?

### **Gossip & Remember**

- Start sharing memories, or 'gos-sip', about your:
- ✓ first experience of mortality – yours or another's
  - ✓ worst brush with chronic illness, morbidity
  - ✓ best example of a good life, or a good death
  - ✓ recent close bereavement

### **Plans & Papers**

- Chat up your plans generally, for your own:
- ✓ 'self': body / mind / soul
  - ✓ 'stuff': own / owe / earn / spend
  - ✓ 'circle': friends / family / community
  - ✓ 'legacy': memorials / markers / stories

### **Advisors & Agents**

- Who speaks up for you, & can "get'r'done" if needed?
- ✓ spouse, or adult kid(s) – all nearby, able, willing?
  - ✓ someone closer, better than family for these roles?
  - ✓ PD Agent, POA Attorney, SDMA Supporter name(s)
  - ✓ Personal Representative of your will name(s)
  - ✓ Professional 'sales & service' advisors?  
(Doctor, lawyer, financial advisor, clergy)

### 3. 'Conversations that Matter' Intro

*As we begin at the appointed start time,  
A video or a couple of stories will start us:  
the sudden crisis, or the slower progressive change*

#### Imagine & Anticipate

We all have images from memory & media:

- ✓ 911 & EMT's, Ambulance, ER...
- ✓ car crash, fire, flood, heart attack, stroke, aneurism, coma, temporary incapacity, ICU or acute care...
- ✓ Long slow progressive chronic illness, eroding ability, changing life to 'house-bound', 'bed-ridden'...
- ✓ Suddenly, or slowly, losing control of making, implementing, communicating choices
  - ✓ Transitions to & from medical care: (admission / discharge), identity as 'patient' resuscitative, & comfort care objectives

#### Housekeeping, Hygiene, Haircuts

We already have plans, even if they are bad ones, or default ones, or out-dated ones.

Start by describing your plans, then choose what to do next:

- ✓ 'Housekeeping' might include annual, weekly, and daily routines, with analogies for these plans
- ✓ Hygiene & grooming hopefully include some daily habits, but some less frequent 'as needed' acts.
- ✓ Haircuts, approaches to make-up, facial hair, and updating wardrobe might change in a season or a decade, as with these plans

Don't get overwhelmed, and respect if others at your table have a different agenda tonight, in their life transitions!

***What brings me here today:***

### 4. 'Self' Plan

*Governments & health care providers **assume**  
one model of a person with legal rights.*

*Who can speak for you, and with you,  
in the absence of specific documentation?*

*Legal spouse or adult kid(s)?*

*Who would speak for, or with, you best?*

***Who are 'you', mind & body, spirit & soul:  
'fully informed, uncoerced, competent individuals'  
imagined by legislators, regulators in secular ethics,  
or 'mortal, fallible ensouled creatures in community'?***

#### I/we have a plan for my/our 'self':

- ✓ My smart phone has its ICE (In Case of Emergency) app current (iPhone Health app built in)
- ✓ My Personal Directive is current, my Agent & I did the '10 questions' together, discussed with family other than my Agent(s), and registered online
- ✓ My Supported Decision-Making Authorization is current, naming who shares my personal information & medical consultations as 'Supporters'
- ✓ My Enduring Power of Attorney is current, and my Attorney has a current familiarity with my affairs
- ✓ My GP got me an 'AHS green sleeve' for my plans, & we talked about Goals of Care Designations (GCD) & Advance Care Plan (ACP) prospects
- ✓ My current list of medications from my pharmacist is in my green sleeve, & my last consultation on prescribed & non-prescription drugs was \_\_\_\_\_
- ✓ AHS Personal Health Card is signed on the back for organ donor choice, & discussed with agent & family & registered online

***My 'to-do' list to update my 'self' plans includes:***

## 5. 'Stuff' Plan

*If you can't manage your own 'stuff',  
(temporarily, suddenly, or permanently, slowly)  
who can act in your name, on your behalf?*

*This is often not the same person as the 'self' Agent!*

**What is 'yours', in relation to material stuff:**

**From what & whom, how, for what & whom, how?**

**'Property' is described like a 'bundle of sticks':  
benefit, burden, and control, of possession, use,  
consumption, conservation & care.**

**I/we have a plan for my/our 'stuff':**

- ✓ **POA** enduring power of attorney, my Attorney has a copy & knows my assets, debts, income, & spending now – my family knows of my POA for while I am alive
- ✓ **My/Ours** some accounts & property are 'joint owned' & some RRSP, RRIF, insurance, pension, have named beneficiaries, outside my will, but in my plan
- ✓ **Owed** my own and joint debt, guarantees, liabilities, mortgages are clear – legally and in trust, subject to trust obligations beyond repayment.
- ✓ **Budget:** regular income, spending, bills, checks, online banking are familiar to my attorney, and personal representative in my will, many automatic
- ✓ **Estate Plan:** my 'big picture' plan for my stuff through my remaining life & at my death, including plans for 'life before death' what I do with what I've got, is clear
- ✓ **My will** is current, for any stuff left when I die, my Personal Representative knows my plan, it is current since any changes to stuff & people in the original

**My 'to-do' list to update my 'stuff' plan includes:**

## 6. 'Circle' Plan

*Got RRSP's or RRIF's? What you really need is RESC's!  
(Retirement Emotional Support Circles)*

*Your personal networks, & your community fabric fray,  
or break their strands due to mobility, morbidity, mortality -  
mending, patching, reweaving them needs a plan!*

**Who's 'your people', family & friends?**

**Not just the 'legal' or 'official' family tree,  
subjectively, your intimates, confidantes,  
increasingly wider circles of association:**

**'Identity is built from all your identifications'**

**I /we have a plan for my/our 'circle':**

- ✓ I know who is my Agent (personal directive), Attorney (enduring power of attorney), Supporters, (supported decision making authoriz'n) Personal Representative (will), and each has a copy, and knows of the others
- ✓ I know who is part of my 'family', & have current contacts for them, & some of my friends know some of my 'family' & how to find them
- ✓ I know who my friends are, & have current contacts for them, & somebody can access my address book, contacts, passwords, social media legacy contacts
- ✓ I share circles of neighbours, organized activities, clubs, church, community, & those circles know how to find me if I disappeared for a while
- ✓ My current 'Supported Decision-Making Authorisation' ensures that my support circle will function when I am getting varied care, and facing big decisions
- ✓ I can name three friends, who were strangers or just acquaintances a year ago, but are closer to me now

**My 'to-do' list for my 'support circle' includes:**

## 7. 'Legacy' Plan

*I/We know what I/we don't want (what's that for you? )*

*How can we make it better for our survivors?*

*What needs to get said, now, to whom, & in the end, to all?*

*How will we mark it, show it, beyond words & thoughts?*

***What is your 'legacy' already, for pride or regret,  
according to you or according to others?***

***What matters most, & how do you do 'show & tell'?***

***What will it be in the end, how marked by whom?***

**I/we have a plan for my/our 'legacy/memorial':**

- ✓ Advisors: my 'shopping list' includes funeral directors and health care service providers, financial advisors, counsellor and clergy contacts
- ✓ Rites: pre-planned, (if not prepaid) services with a memorial society and/or funeral home, venue, and other providers, trying for 'unbundling', 'sequencing'
- ✓ Burial or disposition of ashes plans: cemetery plot title clear, or niche, or location, or memorial bench, tree
- ✓ 'Obituary (newspaper or online notice), eulogy outline (it's easier to edit a draft than to write a first draft!)
- ✓ Timeline sketch from my death to communication, cremation or body preparation, 'visitation', open memorial event(s), disposition or burial, marker(s)
- ✓ Recognized public gifts of time & money to charities while I/we live, & related bequest plans, reflect what matters to me now, shown in what I say and do
- ✓ Celebrating others' legacies, attending their memorials, visiting their markers, observing anniversaries individually & in community

**Some things that I/we have yet to get said/done:**

## 8. Starting (never Finishing) Plans

*Who needs to know about your 4 plans?*

*What parts of the plans need to be on what paper?*

*What parts are better left to 'conversations that matter'?*

*Who do you need to talk with next?*

***Congratulations!***

***If you read this far***

***– or attend a session –***

***You are a courageous minority,***

***breaking a taboo!***

***Now, go evangelize –***

***spread the word!***

**I/We have met some bottom lines already:**

- ✓ Personal Directive is in place now, registered online and copied (& personal health card checked)
- ✓ I know who I have to talk with before I change plans, and who I have to tell, how, about changes
- ✓ I plan to review my plans with my advisors (doctor, lawyer, financial, funeral), with family or friend there
- ✓ Now that I think who I might have to act for before or after their death or incapacity, I will talk with them
- ✓ I will take as much care with this as with plans for my home, my car, insurance, or family's well-being

**My/our next 'to-do' priority for these plans:**

## 9. Implementing Plans

*Funeral planners talk of 'before need' & 'at need'  
Medical/legal officials need 'activating' of a PD or POA  
When can your agent(s) step in with or for you?*

### During Life

Personal directives, for 'self', do not give authority to your agent to decide for you, until you are declared unable to act. PD's and supported decision-making authorizations are effective immediately for agent and supporters to stay informed with you. Medical people can share information with your agent and up to 3 supporters, not withholding personal information because you are not yet incapable!

Similarly, a 'springing' enduring power of attorney, for 'stuff', is only activated when you are declared incapable, and can end when you regain competence. You may ask your advisors for advice on sharing with your POA attorney already, and a lawyer or banker about joint ownership issues

### Upon Death

Upon death, the personal representative named in a will takes over on behalf of your estate. Without a will, there will be a delay in naming anybody to act for your estate. Either way, the documents and agency powers effective during your life are ended. That may affect how medical people speak with your survivors about organ donation before or after your death (sign the back of your health card now – register your intentions!)

Your personal representatives have lots of flexibility about how fast they implement your plans after you die, to identify all your 'stuff', and pay your debts. You will want to equip them to communicate & consult with your closer and wider circles, for the sake of survivors' changed relationships.

## 10. Rituals & Schedules

*Some rituals of life transitions, and of death,  
are more personal and aesthetic than legal or medical  
You may make rituals now, or propose them for later.*

### Ritual Messages

Who needs to know of transitions from home to care, and how will wider circles know of your progress? Even baby boomers often make use of private Facebook groups, or CaringBridge.org or personal websites, to post news updates, rather than initiate or respond to each one in your support circles, which can be exhausting.

Similarly, communicating the event of death can be helpfully planned, and use technology better or worse. A grandchild will post, tweet, text, or email such news immediately, while others hope to hear news other ways. Funeral services all now include online condolences as well as placing newspaper ads. There is no longer or not yet a convention, but attention should be paid to a person's online identity.

### Schedules

Older cultures demanded immediate burial. Ours permits separation of the event of death from the memorial gathering & in turn from disposition of body or ashes, & marker stones or plaques – remember any of the dates or places to pause.

In a culture where incapacitating disability and death are taboo, it takes courage to acknowledge an event or its one-month, three-month or one-year then annual anniversaries. Acknowledge them early & often. People miss & avoid funerary rituals, in a mobile world, but named anniversary dates are predictable! What place, or act, celebrates best?

## 11. Advocacy

*These plans are not all about 'end-of-life' –  
While there is 'life before death', consider these standard,  
from the Alberta Health Charter of 2014*

**When I interact with the health system,  
I expect that I will:**

- ✓ Have my health status, social & economic circumstances, & personal beliefs & values acknowledged
- ✓ Be treated with respect & dignity
- ✓ Have access to team-based primary care services
- ✓ Have the confidentiality & privacy of my health information respected
- ✓ Be informed in ways that I understand so that I may make informed decisions about my health, health care & treatment
- ✓ Be able to participate fully in my health & health care
- ✓ Be supported through my care journey & helped to find & access the health services & care that I require
- ✓ Receive information on the health system & education about healthy living & wellness
- ✓ Have timely & reasonable access to safe, high quality health services & care
- ✓ Have timely & reasonable access to my personal health information
- ✓ Have the opportunity to raise concerns & receive a timely response to my concerns, without fear of retribution or an impact on my health services & care

**Imagine how you might use those standards,  
with your Agent, Attorney, & Supporters!**

## 12. Brought to You By

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