

A FINAL SERVICE

Preparation for Death

On Living and Dying
Putney Friends Meeting

A FINAL SERVICE,

Preparation for Death, was originally compiled in 1996 by Hartford Monthly Meeting, Religious Society of Friends, New England Yearly Meeting.

This ‘Do It Thyself’ pamphlet on issues of Quaker living and dying has been reprinted, revised and adapted by Putney Monthly Meeting, May, 2010, with additions from *Faith & Practice* of New England Yearly Meeting, Philadelphia Yearly Meeting, Pacific Yearly Meeting, Lake Erie Yearly Meeting, and a number of other sources.

It is difficult to accept one's own demise. But by making plans for it, by talking rationally and sensibly now about decisions that will have to be made one day in the unknown future is a wonderful way to show your continuing love for your family. It is love that truly reaches beyond death. It is a ‘final service’.

All of us know that one day we shall die. But most of us put off until tomorrow — the ‘tomorrow’ that never comes — making the decisions and the preliminary arrangements that can and should be made before death occurs. Knowing each others' wishes can ease somewhat the pain we feel when death comes to a loved one. This pamphlet lists some actions you can take now.

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To-Do list

Memorial Meeting for Worship

Memorial Minute

Make provisions for the settlement of all outward affairs while in health, so that others may not be burdened and so that one may be freed to live more fully in the Truth that shall stand against all the entanglements, distractions, and confusions of our times.

Epistles of Yearly Meetings of Pennsylvania and the Jerseys, 1694 and 1695, as paraphrased by Philadelphia Yearly Meeting *Faith & Practice*, 1997

*~Death then, being the Way
and Condition of Life,
we cannot love to live,
if we cannot bear to die.*

*~Death is but Crossing the World,
as Friends do the Seas;
They live in one another still.*

*~This is the Comfort of Friends,
that though they may be said to Die,
yet their Friendship and Society are,
in the best Sense, ever present,
because Immortal.*

William Penn, *The Fruits of Solitude* Part I, *Religion*,
and Part II, *Union of Friends*, 1693

“Friends affirm that through our lives
God may be revealed. Matters of life and
death are held in the Light to gain insight
into God's will for our lives. It is this
Light Within to which our faith is
directed. It is this Light which gives life
its dignity.” (New England Yearly Meeting, *Faith
and Practice*)

I. Thoughts about living and dying

A Sacred Opportunity

“So often I have heard from Friends the conviction: ‘When I know that I’m dying I want to die with dignity. I want to end it my own way so that I don’t suffer and I’m not a burden to anyone.’ This is an educated, modern approach to the question of dying but one that my experience tells me is not the way to transcend suffering or to realize what Carl Gustav Jung called the last great opportunity in life to experience self-actualization. In our culture we often see our choices in dying as either an agonizing loss of control and dignity or as a controlled, abbreviated process. I propose a third way. When we can see this time as a sacred opportunity to share what we have learned; move into a final, deep relationship with those we love; and return to the Source, stripped of all that is not essential – then we are living fully into our purpose in life. We are given the opportunity to be the vessel of God's abundant love.

“When we know we are dying and can accept this reality we have the opportunity to see our final days as a time of sacred transformation. We are then able to be intentional and truly present. During our dying we have one last opportunity to become the person we had hoped to be. It is possible, as a part of our preparation for death, to alter the results of our previous actions. We have the opportunity to ask for forgiveness and to forgive both ourselves and others. We as caregivers and friends may provide the safe spiritual milieu in which this work can be done.”

Queries to ponder about living and dying

- **Query One:** What is my personal theology of death? What do I believe about heaven, hell, life after death and reincarnation?
- **Query Two:** How would I like to be remembered? Is there a common theme in my life? How have I been rightly used by God? What most matters to me? What treasures do I have to pass on to others? What wisdom do I have to share with those I love?
- **Query Three:** Are there broken relationships in my life, with those living or already dead? How might I mend them? Perhaps the tasks include: “Forgive me.” “I forgive you.” “I love you.” “Thank you.”
- **Query Four:** Choosing my own language, has there ever been a time when I felt connected to God, in the presence of the living Christ, unconditionally loved, guided, rightly used, in the flow? Have I found myself in a state of transcendent consciousness which is unable to be adequately described by words? What am I aware of that opens me to this experience? Do I recognize what blocks me?
- **Query Five:** What is my next step in being present to myself and others in living and dying?

(Connie McPeak Green, *Friends Journal*, July, 2004; Woolman Hill, April, 2010)

II. Care at the time of dying

The period before death brings with it increased needs for health care and for assistance in living at home. There are meeting members who may be able to answer your questions about the health care field.

1. Consider that all **services** sought must be ordered by the patient's physician.

2. **Visiting Nurse** Associations can provide valuable information and services in the home health care field. Contact: -Visiting Nurse Association & Hospice of Vermont and New Hampshire, Inc., Springfield, VT, 888-300-8853; www.vnavnh.org

3. The term '**hospice care**' refers to a philosophy of supportive care in home-like surroundings.

Contact: -Hospice and Palliative Care Council of Vermont, Montpelier, VT, 802-229-0579;

<http://www.hpccv.org/>

-Brattleboro Area Hospice, Brattleboro, VT, 802-257-0775; <http://www.brattleborohospice.org/>

-New Hampshire Hospice and Palliative Care Organization, Concord, NH, 603-225-0900; info@nhhpco.org.

4. **Insurance**. - Private insurance companies may offer home health care coverage. The cost of the premiums is directly related to an applicant's age.

-Medicare and Medicaid may finance special care. Deal only with Medicare-certified institutions.

III. Preparations for death

This section enumerates the necessary decisions to be reached and arrangements to be made in anticipation of death.

1. Make a will.

If you have not already done so, consult an attorney/advisor knowledgeable in probate (estate planning and settlement) matters. If there is no will, an estate must be distributed according to the direction of the probate court.

2. Make a 'Living Will' (Sample Do-It-Yourself Living Will form on pages 12-15.)

Such a living will or advance directive expresses your wishes about final medical care. It is a legal document to be witnessed and signed, and then given to your physician, hospital or other care giver. Some advance directives read as follows: "If the situation should arise in which there is no reasonable expectation of my recovery from physical or mental disability, I request that I be allowed to die and not be kept alive by artificial means or 'heroic measures'. I do not fear death itself as much as the indignities of deterioration, dependence and hopeless pain. I, therefore, ask that medication be mercifully administered to me to alleviate suffering."

Contact: [http://www.aafp.org/afp/990201 ap/617.html](http://www.aafp.org/afp/990201_ap/617.html);
<http://healthvermont.gov/vadr/index.aspx>.

3. Consider Body or Organ and Tissue Donation.

How To Donate: If you are at least 18 years of age, you may check and sign the appropriate lines on the back of your Vermont drivers license. You may also sign and

carry a Uniform Donor Card. These cards authorize the removal and use of your organs and tissue after your death. Please remember to tell your family your wishes. Contact:<http://www.vtethicsnetwork.org/organs.htm>; New England Organ Bank 1 800-446-6362; Dartmouth Medical School's Anatomical Gifts Program; University of Vermont's Anatomical Gift Program

4. Prepare an **Obituary**. (Write-Your-Own Obituary Form on **page 11**.)

Every adult should prepare a relatively brief summary of his/her life and achievements. An obituary is not a eulogy but a straight-forward recitation of facts which will leave the casual reader with a feeling of having known the subject. Update your biography to keep pace with the unfolding developments of your life.

See: <http://www.obituaryguide.com/template.php>

5. Help Plan Your Own **Memorial Service**. (Fill-In-The-Blank Information for Meeting on **pages 20-21**.)

Discuss with your family and make a written record of how you would like your Memorial Service to be conducted. For example, do you wish a favorite piece of music to be played or a special passage to be read? Will members of the family speak? Will there be a reception after the service? Will the body be cremated? What will be done with the ashes and when? A 'green burial' is the process of burying a body without the use of chemical preservation in a simple degradable container to help preserve the earth. Contact:

<http://www.greenburialcouncil.org/>;

<http://www.greenburials.org/>

-Only cremated and pulverized ashes may be spread on Putney Friends Meeting property; there are no burials of any sort.

YOUR OWN OBITUARY

<http://www.obituaryguide.com/template.php> A general guide only.
Your résumé or work/study history may be a useful resource.

* NAME/ANNOUNCEMENT

- o Full name of the deceased, including nickname, if any
- o Age at death
- o Residence (for example, the name of the city) at death
- o Day and date of death
- o Place of death
- o Cause of death

* LIFE

- o Date & place of birth
- o Names of parents
- o Childhood: siblings, schools, friends, stories
- o Marriage(s): date, spouse
- o Education: school, college, university
- o Designations, awards, and other recognition
- o Religious activity
- o Career summary: Employment, jobs, activities, promotions, colleagues
- o Places of residence
- o Hobbies, sports, interests, activities, and other enjoyment
- o Community or public: Charitable, religious, fraternal, political, and other affiliations, offices and positions held
- o Achievements, satisfactions
- o Disappointments, frustrations
- o Unusual attributes, humor, other stories

* FAMILY

- o Survived by (and place of residence):
- + Spouse

- + Children (in order of date of birth, and their spouses)
- + Grandchildren
- + Parents
- + Grandparents
- + Siblings (in order of birth)
- + Others, such as nephews, nieces, cousins, in-laws
- + Friends
- + Pets (if appropriate)
- o Predeceased by (date of death):
- + Spouse
- + Children (in order of birth)
- + Grandchildren
- + Siblings
- + Others, such as nephews, nieces, cousins, in-laws
- + Pets (if appropriate)

* SERVICE

- o Day, date, time, place
- o Visitation and Reception information if applicable: day, date, time, place
- o Memorial Meeting for Worship if applicable: date, time, place
- o Place of interment
- o Name of funeral home in charge of arrangements
- o Where to call for more information (even if no service planned)

* END

- o Memorial donation suggestions, including addresses
- o Thank you to people, groups, or institutions
- o Quotation or poem
- o Three words that sum up the life

Do-It-Yourself Sample Living Will - 1

SAMPLE ADVANCE DIRECTIVE FORM

<http://www.aafp.org/afp/990201ap/617.html>;

<http://healthvermont.gov/vadr/index.aspx>.

This form is a combined durable power of attorney for health care and a living will. With this form, you can name someone to make medical decisions for you if in the future you are unable to make those decisions yourself. You can also say what medical treatments you want and what medical treatments you do not want if in the future you are unable to make your wishes known.

READ each section carefully. Before you fill out the form talk to the person you want to name, to make sure that he/she understands your wishes and is willing to take the responsibility. Write your initials in the blank spaces before the choices you want to make. Your advance directive should be valid for whatever part(s) you fill in, as long as it is properly signed. Add any special instructions in the blank spaces provided. Sign the form and have it witnessed. Give copies to your doctor, your nurse, the person you name to make your medical decisions for you, people in your family and anyone else who might be involved in your care. Discuss your advance directive with them. Understand that you may change or cancel this document at any time.

DEFINITIONS to Know

Advance directive—A written document (form) that tells what a person wants or does not want if he/she in the future can't make his/her wishes known about medical treatment.

Artificial nutrition and hydration—When food and water are fed to a person through a tube.

Autopsy – an examination done on a dead body to find the cause of death.

Comfort care—Care that helps to keep a person comfortable but does not make him/her get well. Bathing, turning and keeping a person's lips moist are types of comfort care.

CPR (cardiopulmonary resuscitation)—Treatment to try to restart a person's breathing or heartbeat. CPR may be done by pushing on the chest, by putting a tube down the throat or by other treatment.

Durable power of attorney for health care—An advance directive that names someone to make medical decisions for a person if in the future he/she can not make his/her own medical decisions.

Life-sustaining treatment—Any medical treatment that is used to keep a person from dying. A breathing machine, CPR, and artificial nutrition and hydration are examples of life-sustaining treatments.

Do-It-Yourself Sample Living Will -2

Living will—An advance directive that tells what medical treatment a person does or does not want if he/she is not able to make his/her wishes known.

Organ and tissue donation—When a person permits his/her organs (such as the eyes or kidneys) and other parts of the body (such as the skin) to be removed after death to be transplanted for use by another person or to be used for experimental purposes.

Persistent vegetative state—When a person is unconscious with no hope of regaining consciousness even with medical treatment. The body may move and the eyes may be open, but as far as anyone can tell, the person can not think or respond.

Terminal condition—An ongoing condition caused by injury or illness that has no cure and from which doctors expect the person to die even with medical treatment. Life-sustaining treatments will only prolong the dying process if the person is suffering from a terminal condition.

COMPLETE this portion of advance directive form

I _____ write this document as a directive regarding my medical care.

In the following sections, put the initials of your name in the blank spaces by the choices you want.

PART 1. My Durable Power of Attorney for Health Care

_____ I appoint this person to make decisions about my medical care if there ever comes a time when I cannot make those decisions myself. I want the person I have appointed, my doctors, my family and others to be guided by the decisions I have made in the parts of the form that follow.

Name: Home telephone: Work telephone: Address:

If the person above cannot or will not make decisions for me, I appoint this person:

Name: Home telephone: Work telephone: Address:

_____ I have not appointed anyone to make health care decisions for me in this or any other document.

Do-It-Yourself Sample Living Will -3

PART 2. My Living Will

These are my wishes for my future medical care if there ever comes a time when I can't make these decisions for myself.

A. These are my wishes if I have a terminal condition.

Life-sustaining treatments

_____ I do not want life-sustaining treatment (including CPR) started. If life-sustaining treatments are started, I want them stopped.

_____ I do want the life-sustaining treatments that my doctors think are best for me.

_____ Other wishes

Artificial nutrition and hydration

_____ I do not want artificial nutrition and hydration started if they would be the main treatments keeping me alive. If artificial nutrition and hydration are started, I want them stopped.

_____ I do want artificial nutrition and hydration even if they are the main treatments keeping me alive.

_____ Other wishes

Comfort care

_____ I want to be kept as comfortable and free of pain as possible, even if such care prolongs my dying or shortens my life.

_____ Other wishes

B. These are my wishes if I am ever in a persistent vegetative state.

Life-sustaining treatments

_____ I do not want life-sustaining treatment (including CPR) started. If life-sustaining treatments are started, I want them stopped.

_____ I do want the life-sustaining treatments that my doctors think are best for me.

_____ Other wishes

Artificial nutrition and hydration

_____ I do not want artificial nutrition and hydration started if they would be the main treatments keeping me alive. If artificial nutrition and hydration are started, I want them stopped.

_____ I do want artificial nutrition and hydration even if they are the main treatments keeping me alive.

_____ Other wishes

Comfort care

_____ I want to be kept as comfortable and free of pain as possible, even if such care prolongs my dying or shortens my life.

_____ Other wishes

Do-It-Yourself Sample Living Will -4

C. Other directions

You have the right to be involved in all decisions about your medical care, even those not dealing with terminal conditions or persistent vegetative states. If you have wishes not covered in other parts of this document, please indicate them below.

PART 3. Other Wishes

A. Organ donation

- I do not wish to donate any of my organs or tissues.
 I want to donate all of my organs and tissues.
 I only want to donate these organs and tissues:
 Other wishes

B. Autopsy

- I do not want an autopsy.
 I agree to an autopsy if my doctors wish it.
 Other wishes

C. Other statements about your medical care.

PART 4. Signatures

You and two witnesses must sign this document before it will be legal.

A. Your signature. By my signature below, I show that I understand the purpose and the effect of this document.

Signature:

Date:

Address:

B. Your witnesses' signatures

“I believe the person who has signed this advance directive to be of sound mind. I am not related to the person nor am I named in his/her will. I am not appointed as power of attorney for health care. I am not a health care provider, responsible for the care of the person.”

Witness #1 Signature:

Date:

Address:

Witness #2 Signature:

Date:

Address:

IV. Death of a loved one

When death comes to a friend or member of your family you may request representatives of the meeting to assist you in whatever way they can. Listed below are a few of the choices to be made. The Quaker tradition of simplicity extends to death arrangements and memorial services.

What you and your family and friends can do:

- Ask for and accept help
- Notify family, friends, doctor, undertaker, agencies
- Locate known last wishes and papers
- Obtain copy of death certificate
- Write and distribute obituary
- Announce funeral and / or memorial arrangements
- Secure location and estimate attendance
- Select ushers, child-care, parking assists
- Recommend family seating
- Flowers and music
- Prepare program and biography display with sign-in book
- Consider recording the event
- Arrange reception
- Arrange disposition of body or ashes
- Arrange disposition of effects

Expressions of Grief

“In bereavement, give yourself time to grieve.
When others mourn, let your love embrace them.”
(Britain Yearly Meeting, *Faith and Practice*.)

Be gentle with yourself when a loss happens. Cry and talk with people often. There are many natural and normal responses to grief. You may...

- Feel guilty at times, and angry at others. Cry at unexpected times.
- Wander aimlessly, be forgetful, or leave things you started to do unfinished.
- Feel tightness in the throat, heaviness in the chest or shortness of breath.
- Feel angry at your loved one for leaving you.
- Have an empty feeling in your stomach and lose your appetite.
- Have difficulty sleeping. You may or may not dream of your loved one.
- Feel restless and look for activity, but find it difficult to concentrate.
- Find yourself expecting the person to walk in the door at the usual time, hearing their voice, or seeing their face.
- Assume mannerisms and traits of your loved one.

(Brattleboro Area Hospice)

Fill-In-The-Blank Data for Meeting

My Health Care Decisions/Final Affairs

(From Pacific Yearly Meeting *Faith and Practice*

<http://www.quaker.org/pacific-ym/fp/pymfp2001pg161.html>)

Name:

Date:

Address:

I request that the Putney Monthly Meeting of the Society of Friends carry out the following upon my death:

-
-

The **information** below may help the Putney Friends Meeting carry out my wishes.

1. Persons to notify immediately (next of kin, executor etc.): Names, Phone numbers, Addresses, Relationships

2. Disposal of body

Burial / Cremation / Medical research

Preferred site for disposal of ashes:

Location of deed, Location of release papers, Undertaker

3. Burial insurance / Memorial Society

If no insurance, the expenses will be met as follows:

4. Memorial Meeting for Worship Special Requests and who should be present:

-
-

5. Flowers will be accepted. Where:

OR, In lieu of flowers, contributions may be made to:

Fill-In-The-Blank Data for Meeting

6. Special instructions if death is distant from home,
etc:

-

7. My will, living will, organ donor arrangements
and/or other legal documents are located:

-**Yes / No** I have completed a Will.

-**Yes / No** I have completed a Durable Power of Attorney
for Health Care Decisions.

-**Yes / No** I have completed a Living Will / Advance
Directive.

-**Yes / No** I have completed forms to be an Organ Donor.

8. If no surviving parents, instructions on care of minor
children:

-

9. Information for death certificate (must agree with
legal records and policies)

Full legal name; Present address; Legal address; Date of
birth/ Birthplace/ Citizenship; Occupation / Present
employer / Title / Address; Fathers full name / Mothers
maiden name.

Signature:

Date:

Received by Putney Monthly Meeting, Ministry and
Counsel – Signature:

Date:

V. Death of a Meeting member

“A meeting for worship is the proper form for a memorial service or funeral. The presence of God brings comfort, hope, and consolation. Ministry and Counsel or a special committee should oversee all arrangements. The monthly meeting should consider writing a memorial minute.” (New England Yearly Meeting, *Faith and Practice*)

- Offer to meet with family
- Convene designated standing or short-term committee
- Consult PFM records for information member may have left
- Schedule meeting house or recommend alternate space (ie: Federated Church or Putney School auditorium)
- Clean the meeting house and arrange benches
- If requested, appoint clerk, ushers, parking and child-care
- Oversee the Memorial Meeting for Worship
- Help with reception
- Consider food for family at home
- Consider memorial garden
- Create a memorial minute

“When a death occurs in the meeting community, Friends should assist the family in whatever ways may be needed, such as help with the children, with food or housework, or with hospitality for visiting relatives. The sympathy and affection of Friends for those in sorrow is best shown by compassionate support.” (New England Yearly Meeting, *Faith and Practice*.)

“When Friends experience the death of a member, they gather for a memorial meeting which should conform to the true simplicity appropriate to a meeting for worship. As the meeting begins, a designated person may describe the nature of the occasion and assure those present that they are free to speak if led to do so. Members of the family may request that passages of scripture, poetry, prayer, meditation, or music be shared during the meeting. Those present may be drawn to speak of their memories, poignant, loving, grateful, instructive, even humorous. Yet the occasion should be one in which things temporal are secondary, a time when the mystery of death is deeply felt, and when the presence of God and those gathered in worship bring comfort, hope, and consolation.” (Pacific Yearly Meeting, *Faith and Practice*)

“Traditionally, when a member of a meeting dies, a member of the Ministry and Counsel Committee, the clerk, or a close friend of the person writes a memorial minute. Typically, it contains a brief biography of the Friend with special emphasis on his or her activities among Quakers. It may be a few paragraphs to two pages long. When approved by the monthly meeting, it becomes part of the permanent records of the meeting, and is sent on to the yearly meeting.” (Lake Erie Yearly Meeting, *Faith and Practice*)

Selected Readings

-*Final Gifts*, Hospice Nurses on Dying, by Maggie Callahan and Patricia Kelly, Poseidon Press, 1992

-*Intoxicated By My Illness*, by Anatole Broyard, 1992, Clarkson Potter Publishers, New York

-*Man's Search For Meaning*, by Viktor Frankl, 1984, Washington Square Press, New York

-*On Death and Dying*, by Elisabeth Kubler-Ross, 1969, MacMillon Publishing Co. New York

-*The Tibetan Book of Living and Dying*, by Sogyal Rinpoche, 1994, Harper, San Francisco

-*Who Dies*, An Investigation of Conscious Living and Conscious Dying, by Stephen Levine, 1984, Anchor Press, Garden City New York

PENDLE HILL PAMPHLETS

-*Dear Gift of Life* by Bradford Smith, PHP#142

-*Gift of Days* by Mary Morrison, PHP #364

-*Hallowing One's Diminishments* by John R. Yungblut, PHP #292

-*Song of Death, Our Spiritual Birth* by Lucy Screechfield McIver, PHP #340

-*Without Nightfall Upon The Spirit* by Mary Morrison, PHP #311

*Eternity is at our hearts, pressing
upon our time-torn lives,
warming us with intimations of
an astounding destiny,
calling us home unto Itself.*

Thomas A. Kelly, *A Testament of Devotion*, 1941

Notes