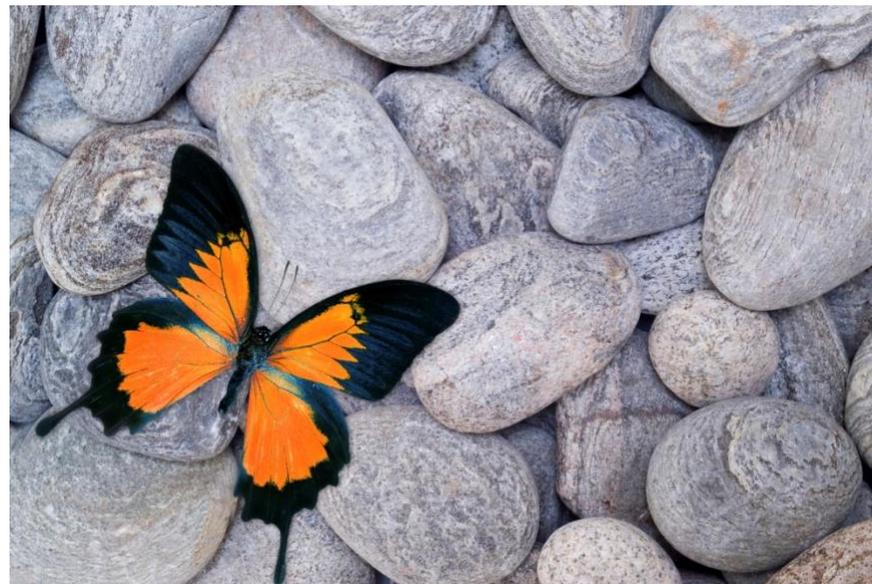


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Guidebook

for individuals and families
living with a life limiting illness & on the end of life journey.

The Purpose of the GUIDEBOOK

TABLE OF CONTENTS:

What is Palliative Care?	3
Palliative Care/Community Care.....	4
Who We Are, What We Believe.....	5
Pain	11
Tools To Calm The Mind And Body	14
Relaxing	16
Anticipatory Grief – What To Expect	18
Managing Caregiver Burnout	23
What A Dying Person May Wish To Know	26
How Long Do I Have?	29
The Dying Process – Final Hours	36
The Fears Of Dying	38
After The Death Of A Loved One	40
Normal Grief	41
After The First Year...Then What?	43
Suggestions For Healing	45
Suggestions For Dealing With Overwhelming Emotions	47
Tips On How To Cope With Anxiety	49
Children’s Grief	53
Adolescent Grief	60
Helpful Tips For Coping With Holidays	62
How You Can Help Burnaby Hospice Society	64
Community Service Agencies	66

This is the first time, for most, to find themselves on a journey like this; be it receiving a terminal diagnosis or supporting someone at the end of life. When we are faced with something unfamiliar, all of us, at some point feel ill-equipped to manage; we often feel unskilled at aspects of life that we have personally not experienced before. The purpose of the GUIDEBOOK is to cover topics that many of our clients have asked about or found helpful; it is a place to find quick answers and places to go for follow up questions.

It is often difficult to know what questions to ask. Please know that you have many people in your life who are here to help.

IMPORTANT CONTACTS:

- **Family Physician** _____
- **Community Care Professional** _____
- **Social Worker** _____
- **Burnaby Hospice Society Counsellor: 604-520-5024**
- **Fraser Health Crisis Line: 604-951-8855**
- **BC Bereavement Helpline: 604-738-9950 (M-F 9am-5pm)**
- **HealthLink BC: 811 or healthlinkbc.ca (24 hours)**
- **Home Health service line: 1-855-412-2121 (M-F: 8:30-4:30),** to speak with trained staff who can provide on-the-spot service in multiple languages. For a palliative care consultation, assessment of eligibility for subsidized residential care or assisted living facility, to report a senior who is experiencing abuse, neglect or self-neglect, assessment for residential care or assisted living facility, assistance with personal care, respite to caregivers, assessment by an occupational or physical therapist.

Other:

PALLIATIVE CARE/COMMUNITY CARE

WHAT IS PALLIATIVE CARE?

It's a special type of health care for individuals, patients, and families facing a life-limiting illness. Hospice Palliative Care helps patients to achieve the best possible quality of life right up until the end of life. Palliative Care is also called



end-of-life or comfort care. Palliative Care does not necessarily end when someone has died. Family members may need support as they grieve the loss of a loved one and try to manage numerous strains and stresses. Bereavement programs are often part of the comprehensive care offered as part of palliative care.

Traditional Palliative Care provision starts after diagnosis and at the exhaustion of all life prolonging or curative treatments, to help manage symptoms and increase quality of life close to the end of life; early Palliative Care, however, is started at the point of diagnosis to engage in relationship building with a health care team, addressing symptoms, coping, providing information, engaging with family, exploring treatments and supporting with end of life planning.

For more information about Palliative Care Program, call..... Home Health Service Line at 1-855-412-2121

Public

- Palliative Care Program: Trained workers and volunteers visit patients and loved ones, offering support and helpful care
- Home Health: Nurses and personal support workers employed by Fraser Health Authority provide nursing care and personal care to meet your needs

Private

- If you or your family wish to supplement the Home Health Care Program you can hire private care services at your expense
- Nurses and personal support workers employed by healthcare agencies can assist in completing activities and meeting your health care needs
- Questions to Ask When Considering a Home Healthcare Agency:
 - Is the agency certified or a Better Business Bureau member?
 - What control do clients have over choosing an agency home worker?
 - What kind of background check do you do on your staff/ criminal records check, driving records?
 - Are the workers bonded? Insurance to cover breakage or theft
 - Type of training? One time or ongoing
 - Are the workers agency employees or independent contractors?
 - Worker Supervision? Is someone available to provide expertise or extra assistance if required?
 - Replacement workers for sick days, and holidays?
 - How do you handle conflict between a client and worker?
 - Ask for several references
 - What kind of service agreement is required?
- If you have a concern regarding the care provided by the private healthcare staff, please speak to the agency or regulating body

WHO WE ARE, WHAT WE BELIEVE

Burnaby Hospice Society is long standing in this community and is dedicated to providing information, counselling and psycho-social support services to individuals with a life-limiting illness, along with their families and caregivers, and the bereaved. Through our services we endeavor to support and empower individuals to live with intention and experience meaning, dignity and quality of life to the fullest extent. As a result, we hope individuals experience less trepidation and a greater sense of peace as they face dying and death. To this end it is important to provide a continuum of support as individuals transition through various stages of health and treatment.

Trust and relationships form a stronger foundation when built over time. A strong foundation benefits individuals by helping them to incorporate the knowledge and support given to form strategies aimed at regaining a sense of control and enrichment in life despite the effects of alternating treatments, and the inherent pain, loss and uncertainty emanating from illness. For the family and caregivers this also helps to prevent the development of complicated grief and physical and mental illness following the loved one's death by offering a seamless source of information, referrals, support, companionship, stress management, alternate therapies and counselling, upfront.

Who We Serve

While what we offer is applicable to individuals from the time of diagnosis, it is particularly valuable once the prognosis has shifted from seeking a cure to maximizing the quality and length of the individual's life. All of our programs and services are **for Burnaby residents**.

Venues of Service

Many services are available at our office with great transportation access. We also provide counselling over the telephone and have a companionship volunteer program that visits with clients on a weekly basis. Burnaby Hospice Society provides care through the Palliative Complex Care Unit at the Burnaby General Hospital and at St. Michael's Hospice:

St. Michael's Hospice

St. Michael's Hospice is a 16-bed residence that assists people who are dying and their family members to live in a place that feels like home. Nursing staff and palliative care physicians provide twenty-four hour care under the direction of the Hospice Patient Care Manager. If you have questions about personal care, medical treatment, nutrition, spiritual support or equipment speak with the Patient Care Coordinator. For information about admission to St. Michael's Hospice, please contact the Burnaby Palliative Care Team at (604) 918-7480. To arrange a tour, please contact the St. Michael's Centre Hospice Patient Care Manager.

Contact information:

Address: 7451 Sussex Avenue, Burnaby, BC V5J 5C2

Main Phone Number: (604) 434-1323

Hospice Direct Line: (604) 412-2174

General Information: info@stmichaels.bc.ca

Website: <http://www.stmichaels.bc.ca/hospice.asp>

Home

Volunteers provide companionship and emotional support, caregiver assistance and complementary therapies to palliative individuals and their families. We accept volunteer referrals from individuals and the Hospice Palliative Care Team and Burnaby Home Health.

Burnaby Hospital and 2D Palliative Care Unit

Burnaby Hospital is a community hospital providing primary and palliative care. The focus of the 11-bed palliative care unit (PCU) is to manage distressing symptoms and ensure comfort when cure is no longer possible. If you have questions all the way from personal care to spiritual support speak with the Patient Care Coordinator.

Hospice Society volunteers visit the Palliative Care Unit and palliative patients on other hospital wards.

Burnaby Hospital Contact Information:

Address: 3935 Kincaid St Burnaby, B.C. V5G 2X6

Main Phone Number: (604) 434-4211

Palliative Care Unit Direct Line: (604) 412-6298

Website: <http://www.fraserhealth.ca/find-us/hospitals/burnaby-hospital/>

Long Term Care Facilities. Specially trained hospice volunteers offer their support to help palliative clients and their families at long term care facilities.

Fraser Health - Burnaby Home Health

Home Health provides a range of health care and support services for eligible residents with palliative health care needs. The Home Health Service Intake Line accepts self-referrals; services are based on eligibility and require an assessment.

Contact information:

Address: 400-4946 Canada Way Burnaby, BC V5G 4H7

Phone: (604)-918-7447

Intake (Home Health Service Line): 1-855-412-2121

Volunteer Program and Services

Volunteer Visits

Burnaby Hospice Society volunteers provide emotional support and practical help to people who are facing a life-threatening illness, and informal respite support for those caring for them. Visiting volunteers are available mornings, afternoons and evenings at the Palliative and Hospice Care Unit at Burnaby Hospital and at St. Michael's Hospice Centre.

- **Volunteer support may include, but is not limited to:**
 - Talking, listening, reading and playing games
 - Assistance with letter writing
 - Spiritual support
 - Relief for family members or other caregivers
 - Traditional tea service
- Volunteers serve in a variety of roles within the hospital, hospice, residential facilities and private residences.

In-home Volunteer Support

In-home volunteers are important for those who may not have access to the support of family and friends. Our volunteers offer emotional and practical support through conversation, companionship and other activities. Visiting in-home volunteers are available for patients and their families at home or in retirement residences and long-term care facilities.

Caregiver Support

We recognize the 24-hour a day responsibility of being a caregiver for a loved one. We provide resources for caregivers and referrals to support groups. Our volunteers are available to family members who need a break from the bedside of the loved one, and also provide a compassionate listening ear.

Sitting Vigils

Vigil volunteers provide the support and physical presence that patients and families may need during a loved one's final moments of life.

Vigil volunteers may join you hours or days before death. For long vigils, volunteers may take shifts.

The vigil process may include any or all of the following:

- Being a calm presence
- Sitting together
- Talking and listening
- Shared silence
- Healing touch
- Reading of inspirational or spiritual text
- Requested rituals
- Inspirational music
- Lighting candles

Complementary Therapies

Our trained volunteers offer a variety of relaxation therapies such as reiki, therapeutic touch and healing touch which can help ease pain, reduce stress and promote relaxation.

Life Review

Life review is an important part of bringing one's life to a close. As life ends, we want to know that we have truly been seen and that our life has had value and meaning. Patients and families can make an appointment for the services of a volunteer trained in life review techniques to help them tell their story. Other legacy activities include letter writing, scrapbooking or compiling memory boxes.

Tea Service

Volunteers at St. Michael's and Burnaby Hospital Palliative Care Unit serve afternoon tea and cookies to patients and family.

Counselling, Groups, Workshops & Services

- Individual Counselling and Client Advocacy
- Anticipatory grief counselling – dealing with the losses large and small along the way
- Bereavement Education Groups
- Loss & Grief Support Groups
- Healing Journeys Bereavement Walking Groups
- Wellness Workshops
- Community Education
- Referrals to other agencies in Burnaby

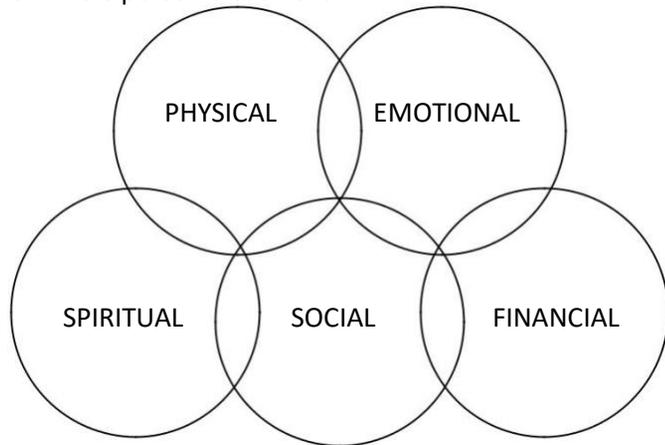
Definition of Psychosocial Care

Psychosocial care tends to the emotional well being of the client and family and honours and supports their relationships with those close to them and those involved in their care. Psychosocial care enriches the quality of a client's day-to-day life.

PAIN

Total Pain:

Cecily Saunders coined the term “Total Pain” to capture the all-encompassing nature of the pain experienced by those with a terminal illness. Psychological, emotional, social, financial, and spiritual pain contribute to the experience of physical pain. Physical pain can be made worse when other sources of pain are not addressed. This is another reason that an interdisciplinary team is so important; team approach allows for whole person treatment.



Source: *Multifaceted Components of Pain*, Amenta and Bohnet, 1986

Pain Management:

Comfort goals are:

1. First, to be comfortable during the night and to get a good sleep.
2. Next, to be comfortable during the day while at rest.
3. Finally, to be comfortable during the day when one is moving around and doing the things that are important to the person.

Mild, Moderate, and Severe Pain

The World Health Organization developed a simple model to guide health professionals in choosing the most appropriate pain medication for the severity of pain being experienced. There are two basic types of pain medicine: non-opioid (for mild pain) and opioid (for moderate and severe pain). Opioids are drugs such as codeine and morphine.

Mild Pain

- Acetaminophen (Tylenol)
- Anti-inflammatory drugs, such as Ibuprofen
- Tylenol #3 (codeine) or MOS (morphine syrup)

Moderate

- Codeine
- Morphine
- Hydromorphone (Dilaudid)
- Fentanyl patch

Moderately Severe and Severe Pain

- Morphine
- Hydromorphone (Dilaudid)
- Fentanyl patch
- Methadone

Other Ways of Managing Pain

Medical: Surgery, Radiation, Chemotherapy, Nerve Blocks

Alternative treatment: Acupuncture, Massage, Healing Touch

Other: Application of Heat/Cold, Positioning, Rest and Relaxation (often music, visualization, listening to stories etc.)

Psychological: Address issues beyond the physical pain (e.g. easing fear, stress, and anxiety through progressive muscle relaxation and mindfulness).

Source: *Prince George Hospice Society*

PAIN ASSESSMENT:

In order to manage pain, it is important to assess the pain. The rating scale below is often used in place of the 0-10 verbal self-rating. Behavior is not always a good indicator of pain and lack of ability to comprehend or verbalize due to pain or other factors may add additional stress to accuracy. This rating scale is a visual scale that can also be found in myriad of languages, such as Mandarin, Japanese, and many others.

Wong-Baker FACES® Pain Rating Scale



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Used with permission.

Instructions for Usage

Explain to the person that each face represents a person who has no pain (hurt), or some, or a lot of pain.

Face 0 doesn't hurt at all. Face 2 hurts just a little bit. Face 4 hurts a little bit more. Face 6 hurts even more. Face 8 hurt a whole lot. Face 10 hurts as much as you can imagine, although you don't have to be crying to have this worst pain.

Ask the person to choose the face that best depicts the pain they are experiencing.

TOOLS TO CALM THE MIND AND BODY

Stress elicits a biochemical reaction from our mind and body. This reaction is part of our survival mechanism, but also takes a great toll on our mind and body. Our brain doesn't know the difference between real and imagined, which often gets us into further trouble, but can also help us achieve greater levels of calm. Regular (at the same time of day for 20-30 minutes), daily practice of deep relaxation will help you calm the mind and body in the moment of relaxation and most of the time.

Breathing

Get comfortable, place one hand on your abdomen, below the ribcage; inhale slowly, expanding your abdomen, then pause and exhale slowly, allowing your whole body to just let go. Repeat this 3-5 times, counting to five for inhale, pausing and counting to five for exhale.

Visualization

Standing Like a Tree:

Stand, or lie down if that is more comfortable, with your feet shoulder width apart, keep your knees slightly bent, let arms rest effortlessly at your sides, relax the shoulders, breathe naturally, look calmly forward, remain quietly in this position for 1-2 minutes. Imagine that your feet are like roots of a great tree sinking down into the earth, your body like a trunk, standing tall and firm; a golden cord attached to the top of your head reaches to the limitless sky. Breathe in this stance for 2 minutes, working to increase the time.

Golden Orb:

Get comfortable, visualize an orb that is covered with protective gold; at its centre is a sphere of blue light that is free from fear and anxiety. Imagine yourself suspended inside this three dimensional sphere – feel yourself immersed in it entirely and breathe.

Changing Negative Talk

Catch yourself in the thought. Challenge the thought. Reframe the thought with a more supportive / encouraging / positive perspective. Repeat the reframed perspective when you feel that the negative thought is becoming conscious or negative thoughts become the prevalent ones.

Relaxing the Head

Much of our tension is stored in the facial and other muscles of the head. A head massage can go a long way to bring about calm. Make yourself comfortable; warm your hands, massage the forehead working the thumbs from front of the forehead to the temples and from inner eyebrows following the hair to the far ends.

Progressive Muscle Relaxation

Progressive muscle relaxation is about tensing and releasing various muscle groups. You need to find a quiet place with no background noise or interruptions, preferably at the same time each day. This is best done on an empty stomach, in a comfortable position for you (sitting or lying down). Give yourself the permission to just be here, nothing more.

Take three big breaths. As you exhale, imagine all tension leaving your body. Clench each muscle for 7-10 seconds, hold and then release abruptly. As you exhale, visualize all tension leaving that muscle group. Relax for 15-20 seconds before moving to the next muscle. (Please listen to your body and only do what is comfortable and right for you.)

Clench your fists. Tighten your biceps by moving your lower arms towards your shoulders. Tighten your triceps by straightening your arms and locking the elbows. Tense the forehead by raising your eyebrows as high as you can.

More Muscle Relaxation Techniques:

Tense the muscles around your eyes, shutting your eyelids as tight as you can....

Tighten the jaw by opening your mouth as wide as you can...

Tighten the back of your neck by moving your head as far back as you can.....

Take two deep breaths and let your body sink into the surface you are on....

Feeling the heaviness of your body, the surface holding you....

Tighten the shoulders by raising them to your ears...

Tighten the shoulder blades by pushing them together...

Tighten your chest by taking in a deep breath....

Tighten your stomach by sucking your belly in

Tighten your buttocks by pulling them together....

Squeeze your thighs all the way down to your knees....

Tighten your calf by pulling toes towards you....

Tighten your feet by curling your toes downwards...

Scan your body for any tension and repeat the progressive muscle relaxation for that part and the surrounding muscles. Now imagine a wave of relaxation washing over you, from your head to your toes.

RELAXING

The Rationale:

Your mind and body are always affecting each other. What you are feeling and thinking will show up in how your body feels and vice versa.

When a person is under a lot of emotional stress, the body reacts as it would in a state of danger or emergency; i.e. increased heart rate, abnormal breathing, muscle contraction and tenseness, perspiring, cold hands and feet, etc. Your body NEEDS periods of rest from this heightened state in order to replenish its strength.

The “relaxation response” is your body’s natural protective mechanism, which reverses the physical changes brought on by stress. Relaxation is simply giving your body a chance to recuperate temporarily so that you can face your next challenge.

Relaxation is something we LEARN to do. Don’t expect that you should be able to do it right off the bat. It only takes about 10-15 minutes a day and you are the one who controls how you do it. Studies show that people who learn to evoke the relaxation response experience feelings of increased well-being and hope.

How You Can Do It:

Usually you need these things:

- A quiet environment
- A comfortable position
- A word/phrase/thought repeated over and over
- As clear a mind as you can achieve

BUT REMEMBER: There is no “right way” to relax – everybody does it differently.....so:

- Using your favourite soothing music is fine
- If you fall asleep, that’s fine.
- If you don’t fall asleep, that’s fine too
- If you want to use your own image or affirmation, go ahead...

Some helpful hints:

- Try not to do relaxation when you are hungry
- If you feel uncomfortable at any time, change your position, or open your eyes – don’t remain in an uncomfortable position
- Dim the lights (optional)

ANTICIPATORY GRIEF... WHAT TO EXPECT

During the stages of your illness, any changes in your condition will mean that you grieve for the gradual losses in your present lifestyle and your hopes and plans for the future. You may experience uncertainty about yourself because so few of your former activities and interests are available to you. This creates emotional stresses and anxiety for you and your family.

You may experience grief reactions:

- In a different way than others
- That cause fatigue
- Because of continual changes in daily activities
- That show up in all spheres of our life - psychological, social, physical and spiritual
- That vary depending upon how you perceive the changes

You may experience grief that:

- Entails mourning for the hopes, dreams and unfulfilled expectations
- Involves a wide variety of feelings and reactions; some expected, some not
- Resurrects old issues, feelings and unresolved conflicts from the past
- Includes intense feelings due to the unfamiliarity of the grieving experience and uncertainty about your illness

You may experience feeling:

- A combination of anger and depression: irritability, frustration, annoyance and intolerance
- Guilt in some form
- A lack of self-concern and self-esteem
- Spasms of acute upsurges of grief that occur without warning
- Unsure of decisions: poor memory, organization and concentration
- Like you are going crazy
- Obsessed with dying or preoccupied with thoughts of how you will die

You may experience grief for:

- The loss of many things, both tangible and symbolic
- What you have lost already as well as for future plans

You may experience concern for:

- Meaning in your life and question your beliefs
- Yourself socially acting in different ways than usual
- Unrealistic expectations from others about your grief
- Feeling like a burden to your family

Remember, you may want to call Hospice for support.

Anticipatory Grief... Normal Feelings for Family and Caregivers

Living with and caring for someone with a life limiting illness is a difficult task. Family members are often surprised at the many thoughts and feelings that arise. These feelings may be intense and overwhelming. It helps to know some of the typical healthy reactions to such a stressful time. These feelings may recur as changes occur in the patient's condition and care needs. Each member of the family will respond in their own way.

As changes occur, there may be feelings of:

- *Helplessness* and *hopelessness* with increases in care needs
- *Shock* and *numbness* with any sudden change in condition
- *Yearning* for things to be the way they were before

As stresses increase:

- *Anxiety* and *fear* are common in three areas in particular:
 - 1) Carrying on with the necessary tasks of living and caregiving
 - 2) Ability to cope after death
 - 3) Heightened awareness of your own mortality

- *Loneliness* increases as family roles change and the patient becomes dependent on care
- *Edginess* and *irritability* may surprise you in relating with other people
- *Fatigue* is sometimes experienced as apathy or listlessness

As emotions arise:

- *Sadness* is the most common feeling and may or may not be expressed by crying
- *Anger* is frequently experienced and may be confusing. It usually comes from two sources:
 - 1) Frustration with the situation because there is nothing that can be done to prevent the progression of the illness
 - 2) Anger, irrational or not, at the patient for getting sick
- *Guilt* is a nagging feeling often accompanied by a need to review what has happened or what was neglected.
- *Worrying* about whether you are doing what is best is a normal part of caregiving

Source: adapted from *T. Rando* by *Victoria Hospice*

Anticipatory Grief... Helping the Seriously Ill

Families and friends are an integral part of caring for the seriously ill. It is important to continue clear communication. You will want to find creative ways to maintain your relationship as changes in condition occur. Recognize that you need to take care of yourself also. **The following are some helpful hints:**

Touch – touching is one of the most comforting modes of communication. A squeeze of the hand or a warm embrace eloquently testifies to how much you truly care.

Smile and laugh – continue to enjoy humorous incidents and stories. Illness does not ban laughter.

Be comfortable with silence – love understands love, it needs no words. Silence can be as supportive as conversation.

Offer truth – when a patient may be doing poorly, don't deny this. Everyone, sickly or healthy, should be treated with dignity and not deceit.

Accept limitations – you cannot provide all the answers and solve all the problems. Listen and hear what is said. There may be no complete solutions. Accept your limitations and commit yourself only to what you are able to do. Ask for help!

Accept the feelings of the sick person – don't pretend that everything is okay. A seriously ill person needs to express his/her emotions. You can encourage them by saying "what are you feeling?" or "tell me what is happening to you." Be sensitive to shifting feelings, whether they be sadness, rage, panic or frustration.

Share time together – talking, listening to music, watching television, playing cards or games can help fill lonely and frightening hours with shared companionship.

Offer to help – actions speak louder than words. Offer to help - "I'm going to the supermarket, can I pick up something for you?" "While the nurse is away, I'll come over to the house and spend time."

Coordinate supports – there may be many people and organizations who can offer invaluable assistance, such as family, friends, home health care, church, medical organizations, self-help groups. These vital people and groups can help to better manage the difficult moments.

Respect the privacy and integrity of the sick person – if possible, check before you visit. Never assume you know what the person's needs may be at any given moment. Respect the patient's confidentiality.

Remember, your continuing strength and good health are what allow you to be present. Take good care of yourself.

Source: adapted from Elizabeth Kubler-Ross by Victoria Hospice

KEEPING A GRIEF JOURNAL

Get yourself a stenographer's notebook, a diary, a lined journal, or some other notebook. Nothing else goes in this book ... it is a record of your journey through grief. Keeping a journal such as this, allows you to look back and see the change and progress you have made, when weeks and months down the road you get hit with the thought that nothing is getting better and that this pain will never end.

It is a tool to remind you what has been helpful to you already, when you get a day where you can't think of what to do next. In the beginning, this journal may seem like it is just highlighting your pain and does not bring much comfort. The comfort and importance you find in the journal will become evident with time. The journal will help you stay in charge of your grief rather than your grief taking control of you.

Leave a line or two between entries and be sure to record the time and date of each entry. The following are some suggested things to include in your journal:

- A significant event that happened today
- The person who was most important to me today
- Something I found helpful today
- Changes I observe happening to me
- My plans for tomorrow

MANAGING CAREGIVER BURNOUT (COMPASSION FATIGUE)

Caregiver burnout or compassion fatigue is profound emotional and physical erosion when the caregiver is unable to refuel and regenerate. Feeling "burned out" is physical and emotional exhaustion.

It is possible to transform caregiver burnout and build resilience:

- ❖ Acknowledge the Compassion Fatigue in your life and take responsibility for your own wellness and nurture your capacity to help.
- ❖ Reduce the number of sources and types of stress to increase resiliency. This can be done by cutting back on things in your life that are stressful (seeking out supports and resources and delegating what you can) and establishing strategies or things you can do that help make the stress that is left more tolerable. This can include finding ways to take "me" breaks and engage in activities aimed to give you pleasure or aimed at helping you to reduce tension and relax, like breathing exercises, meditation, yoga, massage, etc.
- ❖ Address your own primary trauma issues. This involves first identifying and dealing with what causes your batteries to run low. For some this may include not sleeping, taking on too much, forgetting to eat, suppressing your own pain or grief to support your loved one, etc. The next step is finding ways to reduce the trauma input in your own life. This can be as simple as not watching the nightly news or asking a friend not to tell you all about their terrible day. It is about finding ways to "lessen your load" as fatigue requires rest.

- ❖ Schedule times in your day aimed solely at giving you comfort, support and relaxation. This can include a quiet cup of tea, a 15 minute walk around your block to enjoy the sun or 5 minutes of just deep breathing.
- ❖ Create a self care plan. What small step can you take this week to take better care of yourself? Contact an old friend for dinner? Exercise more? Eat better? Drink less? Say "no" more often? Make a plan and revisit it regularly. The idea is to begin to become aware of your own needs and making those needs a priority. There is nothing selfish about self care. In order to effectively care for others we need to learn to care for ourselves.

Compassion Fatigue may be the cost of caring, but once identified and steps are taken to address concerns, you will begin to notice your patience, caring and compassion return. You will notice yourself feeling able to take on new responsibilities and feeling better able to manage present issues.

Compassion Fatigue is a process and generally so is healing from its effects. Be gentle with yourself and allow yourself time without expectations of how long this process will take.

Strategies that help you avoid compassion fatigue:

1. Monitor yourself for stress related signs and symptoms.
2. Create periods of rest and renewal in your life.
3. Avoid perfectionism.
4. Practice setting limits; accept your own limitations.
5. Develop good time-management skills.
6. Nurture a personal support system, both inside and outside of work.
 7. Develop healthy eating, sleeping and exercise habits. Be in tune with your body; identify the ways in which your body tells you that you are stressed.

8. Acknowledge the strengths and gifts you bring to your work.
9. Maintain a therapeutic distance between yourself and others' grief. Know the difference between having empathy, kindness and sensitivity towards your patients vs. emotional over-involvement. Assess your own sense of boundaries with family.
10. Learn to say "no" to unreasonable demands. Do not view being assertive about your own needs as negative.
11. Take responsibility for your problems only. Distinguish between problems you're responsible for and problems that another has to cope with alone, or with someone else other than you. Review any promises you make under stress.
12. Be patient with your colleagues and family and the processes that they need to go through. Try to understand them.
13. Allow yourself to grieve. Ask yourself what is most helpful in order to process your grief.

A SELF CARE MANIFESTO

I deserve to lead a joyful, whole life. No matter how much I love and value caregiving, my life is multifaceted. My family, my friends, my other interests and my spirituality also deserve my time and attention. I deserve my time and attention.

I am not the only one who can help the dying and bereaved. When I feel indispensable, I tend to ignore my own needs. There are many talented caregivers in my community who can also help the dying and the bereaved.

WHAT A DYING PERSON MAY WISH TO KNOW:

Logistics:

Make a Listing of:

- Bank accounts
- Investment accounts
- Insurance information
- Credit card accounts
- Other liabilities and loans
- Regular income and side income sources
- Usernames and passwords (e.g. www.keepass.info)
- Monthly expenses: utilities, insurance, mortgage, loans, etc.
- How to collect life insurance and other benefits, who to contact, etc.
- Important information: wills, deposit boxes, etc.

Save all information on computer in My Documents, on a flashdrive, in a fire safe place, copy a zipped and password protected file to Gmail – named "IF I DIE".

Emotional/Cognitive:

Five Stages of Grief by E. Kubler-Ross – a model for coping with dying and death:

Denial – "I feel fine" – a state of denial, a temporary defense in coping

Anger – "Why me? It's not fair" – a state of misplaced feelings of rage and envy

Bargaining – "I'll do anything for a few more years" – a state of hope that death is delayed

Depression – "I'm so sad, why bother with anything?" – a state of beginning to understand the certainty of death

Acceptance – "It's going to be ok" – a state of beginning to come to terms with mortality

Physical:

Physical process of dying:

- Physical weakness/lack of energy/loss of interest in everyday things
– body's systems weaken and less oxygen is available to the muscles
- Withdrawal from family and friends/increased sleepiness/coma
- Loss of appetite
- Difficulty swallowing
- Confusion
- Restlessness
- Body temperature and color change
- Breathing changes
- Unexpected alertness and increased energy
- Signs of imminent death
- Clinical death

Ira Byock calls them **The Five Final Tasks**.

Will you forgive me? Is there a forgiving that I need from you? Most likely something from a long time ago? Something I have carried with me for so long... Can I actually ask for it?

I forgive you Am I willing to let go of old wounds and hurts in the face of my dying? Let it just be? Let it rest? And can I say this to your face?

Thank you What a gift to say thank you one more time. Even if there is neither enough time nor enough words to thank you... for everything.

I love you This is something we can never say often enough. Never hear often enough. It feels so good to hear and say it, even one more time.

Good bye Can we actually say it, and mean it? Let it sink in, that this is a final good bye, at least in earthly terms? Feel all its weight? Feel all its finality? Am I ready to say good bye for good?

Source: "The Four Things That Matter Most: A Book About Living"

Life Transitions

Whenever something difficult or unexpected happens in our life, there can be many adjustments, challenges and changes. It is natural to experience fear, anger, helplessness or other distressing emotions. Some of these challenges and changes can impact your emotional and mental health.

Advance Care Planning: What you need to know

By planning ahead, you have a voice in your future health care decisions and will be sure your wishes are respected. Every capable adult should think about making an advance care plan.

What is advance care planning?

Advance care planning begins by thinking about your beliefs, values and wishes regarding future health care treatment. It is about having conversations with your close family, friends and health care provider(s) so that they know the health care treatment you would agree to, or refuse, if you become incapable of expressing your own decisions.

How to Start:

Tell someone close to you, or your health care provider, that you want to talk about your future health care. Have as many conversations as needed.

Your Options:

Your advance care plan can also include:

- A Representation Agreement where you write your instructions and name someone to make your health and personal care decisions.
- An Advance Directive with instructions for health and personal care that are given to your health care provider, which they must follow directly when it speaks to the care you need at the time.
- Appointing someone to make decisions about your financial affairs, business and property in an Enduring Power of Attorney, which would take effect only when you become incapable.

Download the provincial advance care planning guide and workbook at:

www.seniorsbc.ca/legal/health_decisions

For more information, call HealthLink BC at 8-1-1.

HOW LONG DO I HAVE?

These are loose guidelines, please remember that everyone is different and not each of the items under the heading will occur. This may be helpful in starting important discussions with a partner, doctor, or family.

3-6 Weeks Prior to Death

Motor

- Falling due to resistance to accept help
- Need for more assistance with walking, transfers

Urinary/Bowel

- Urinary/bowel incontinence may begin

Cognitive/Personality/Speech

- Confusion and memory loss
- Harder to sustain a conversation
- May say some odd things that make you think "Where did that come from?"
- May ask less about the next treatments or appointments
- May ask clear, rational questions about death, arrangements, etc.

Physical

- Increasingly tired, more easily "wiped out" after simple activities or outings
- More likely to nap or to phase in and out of sleep

2-3 Weeks Prior to Death

Motor

- Legs begin to buckle, eventually leading to dead weight when attempting to stand
- If still walking, may wander around the house a little, as if restless
- May find it difficult to hold the head up straight or may slump over

Urinary/Bowel

- Urine becomes dark (often described as "tea-colored")
- Less warning before urination (more urgency)

Cognitive/Personality/Speech

- Less interest in matters of the home and family, hobbies, or world
- Detached, lack of curiosity
- Harder to have an effective adult-peer conversation
- General restlessness/agitation
- Word-finding difficulties (conversation may be very slow)
- Confusion over what time of day it is (sundowner's syndrome)
- Speech may be slurring or trailing off, unfinished
- May begin saying things that sound like awareness that time is growing short
- May begin to seem more "childlike"
- Confused by choices; yes/no questions seem to work best

Physical

- Losing interest in transferring or leaving the house
- Seems to feel safest on one particular piece of furniture
- Begins to have problems swallowing, if not already
- Appetite may become sporadic
- Sleeping 20+ hours a day, with short alert times between sleep
- Dozing off after eating
- Describing vision changes such as double vision, loss of peripheral vision, or black spots
- No longer interested in activities that require close vision, such as reading

1-2 Weeks Prior to Death

Motor

- Often, completely bedridden
- Younger patients may still be stubborn about getting up, though requiring assistance

- May hold on to the bedrail or to a caregiver's hand, hair, or clothing very tightly

Urinary/Bowel

- Usually incontinent by now
- May continue to express urinary urgency, without producing anything

Cognitive/Personality/Speech

- May find loud or multiple sounds irritating
- After waking, seems confused for several minutes
- Staring across the room, up toward the ceiling, or "through" you
- May look at TV but seem not to be watching it
- May make mention of "getting ready" or "having to go," without knowing where
- May refer to travel, packing, or gathering clothes
- May talk about tying up loose ends (specific to the individual)
- May mention seeing visions in the room (I've heard everything from horses to angels to deceased mothers-in-law)
- Communication seems to take more effort and makes the patient winded or tired
- Doesn't initiate conversation as much, though still giving brief responses to questions
- Agitation may build
- Likes to keep the primary caregiver in sight and may panic when he or she is not in the room
- May seem especially irritable with large groups of visitors or young children (probably because understanding conversations requires more work)

Physical

- Sleeping "almost all the time"
- Harder to rouse from sleep
- Brief, scattered periods of alertness
- Increased difficulty swallowing pills or liquids
- Increased vision deficits

- Eyes may look glassy, milky, cloudy, like "elderly eyes" or "fish eyes"
- May have a distended abdomen
- Vital signs are likely still be good
- May begin to have need for pain management

5-7 Days Prior to Death

Motor

- May restlessly move the legs, as though uncomfortable
- Most patients would no longer be leaving the bed by this stage
- May reach up or out with the arms
- May pick at the bed linens as if covered with small objects

Urinary/Bowel

- As liquid intake decreases, output also decreases
- The bowel becomes quite sluggish and there may be few/no bowel movements

Cognitive/Personality/Speech

- Minimally responding to caregiver's questions
- May begin sentences but not be able to finish them
- May say things that are impossible to make out or things that don't make sense
- May chant something
- May continue to seem restless and fidgety, as if late for something
- May be irritated by strong sounds or odors

Physical

- May be taking only minimal amounts of food (a spoonful or two, here and there); some, however, continue to eat well until about 48 hours before death
- Decreasing intake of fluids
- Administration of meds becomes harder or impossible
- Dosing of meds becoming sporadic due to sleep schedule
- May find it hard to clear the throat as mucus increases
- The voice may lower and deepen
- Vital signs often still good
- Nearly always sleeping or resting

- May be uncomfortable being moved during clothing or linen changes
- Dramatic withering of the legs due to inactivity (skin and bones)
- May have a low-grade fever

2-5 Days Prior to Death

Motor

- Motor movements (e.g, waving or hugging) likely appear weak
- Unable to help caregiver by leaning or moving during linen changes

Urinary/Bowel

- Bowel activity likely will have stopped
- Urine output will lessen considerably
- Urine color usually lightens

Cognitive/Personality/Speech

- Very little interaction, often no initiation
- Speech may be quite slurred and hard to understand
- May sit in the room with others and say nothing for hours
- Could be described as "neither here nor there"
- Restlessness and agitation give way to calm

Physical

- Hands and feet may become cool
- Forehead and cheeks may be warm or hot
- Thighs and abdomen may be warm or hot
- Hard to keep the eyelids open, even when awake
- May spend a couple of days with the eyes closed, even though still slightly responsive
- Minimal interest in food
- May turn or clench lips to indicate refusal of food or pills
- May seem unaware of how to use a straw
- May have had last decent fluid intake
- May bring mucus up into the mouth with a productive cough
- Some drugs may be given only by suppository or dropper now
- Vital signs often still normal, but some report cardiac changes (e.g, racing heart)

Final 8-48 Hours

- Very difficult to rouse from sleep or elicit a response from
- May have no response or only nonverbal communication (e.g, winks, waves, or nods)
- May seem relaxed and comfortable
- Usually very minimal or no urine output
- Reaches a point of unresponsive sleep (coma), which can last from 1 hour to most of the day
- No longer any involuntary movement during sleep (no fidgets or eye movements)
- Mouth may slacken and eyes may remain partially open during sleep, as voluntary muscle control is lost
- Vital signs may be OK until just hours before death
- Blood pressure may drop significantly
- Heart rate may be twice-normal (120-180 beats per minute)

Just Hours

- No response whatsoever
- No movement
- Breathing changes (of any kind at all) - sometimes faster, sometimes slower; sometimes harder, sometimes more faint; sometimes louder, sometimes inaudible
- Mucousy breathing (the "death rattle"; harmless echo of air over mucus)
- Respiration may slow so much that loved ones believe the last breath was taken, but a few more reflex breaths may follow
- May open eyes as they pass on
- May appear very relaxed

Shortly Afterward

Many have commented that the face looks younger, the forehead looks free from wrinkles and cares, and steroid bloating, if any, begins to disappear.

Source: <http://www.brainhospice.com/SymptomTimeline.html>

Psychosocial Care at Time of Death

The Family

1. Responses

The family may have varying needs at this time. For example, they may wish to stay close to the person who died and have private time with them. Time to say goodbye may include prayers or rituals, preparation of the body, reminiscing and spending family time. It is common for family to repeatedly check the body and review the time of death. Sometimes family will not want to be in the presence of the body but will still want time for these same closure activities.

2. What Helps

It is helpful to provide opportunities for family to acknowledge their particular needs at this time. As mentioned above, these may include time with the deceased, preparing the body, rituals, prayers, and saying goodbye. Opportunities for family to come together and support one another in a comfortable way will be appreciated. Privacy, respect, unlimited time, and easy access to the deceased are aspects that need to be considered.

THE DYING PROCESS ~ FINAL HOURS

The physical and mental changes that you will be seeing may seem frightening and distressing. Each person's death is different. Changes may occur quickly or slowly, may appear and then disappear only to reappear again. People die when they are ready. In general, people die as they have lived. If a person is cheerful and copes well, then they will probably approach the end of life in the same way.

Usually within the last 3-6 days of someone's life, the person is less hungry and their body can no longer process food. The person will eat very little, or have a total lack of interest in food. The body is shutting down and no longer requires nutrition. Fluid intake continues, but usually not to the point of death. The person becomes unable to swallow and mouth care is needed at this point. Due to the lack of fluid intake, urine output decreases and becomes more concentrated. Bloating, water retention and swelling can also occur.

Changes in strength and awareness are other signs of death. The person may drop things or experience twitching and jerking of their hands and legs. The jerking and twitching will be most noticeable to caregivers and family, more so than to the person who is dying. Weakness increases. The person may shift in their experience of reality. They may talk to someone who is not present, or relate that they have seen someone who is dead. They may talk of a bright light. They may appear unaware of who is with them. The person can also appear confused, repeating sentences that do not seem to make sense. Some people become restless, pull at their bed linens and/or try to get up. This is known as 'pre-death restlessness'. The person will start sleeping longer and sometimes have trouble waking or responding. The person may have a fixed stare and can become non-verbal.

All senses start to fail and hearing is the last to go. Always assume the dying person is alert and can hear everything you say. The dying person's circulation will slow and the body temperature will drop. The skin may become cool and clammy. Most people die by slipping into a coma before the moment of death. Active dying can take hours or days. Even when many of the signs are present, it is not always possible to predict when death will occur. These ups and downs can be emotionally and physically draining on the family and caregivers.

Summary of signs of death

1. Sleeps longer, sometimes difficulty waking. Eventually slips into coma
2. Reduced intake of fluid and food
3. Appears confused, does not recognize familiar people or surroundings
4. Weakness becomes profound, difficulty responding verbally, difficulty swallowing or forgetting to swallow
5. May have a fixed stare
6. Breathing becomes irregular and shallow
7. Periods when breathing stops and starts
8. Breathing is moist, may develop a rattle, may gasp for air. This noise is often troubling to family and friends, less so to the dying person.
9. Pulse becomes irregular, weak, then absent
10. Hands and feet become cool
11. Skin color may be pale, bluish or mottled
12. Urine output will decrease or even be absent for 24-48 hours
13. May lose bladder control
14. Bowel movements may be absent, or uncontrolled oozing of soft or liquid stool

Source: Prince George Hospice Society

THE FEARS OF DYING

There is an old 15th century folk saying that says: "To cure sometimes, to relieve often, to comfort always." Knowing the fears we experience as we are dying may be very helpful while providing comfort.

1. *Fear of the process*

Will death be painful? Will it be frightening? What will happen to my body? Body image creates fear, especially if the person has cancer and has experienced severe weight loss. The good news is that pain can be relieved, and death is not frightening, but peaceful.

2. *Loss of control*

As well as fear of loss of control of body functions, there is a loss of control over life and everyday events. If hospitalization becomes necessary, it should be in an environment which exists for the convenience of the patient and family, not the hospital.

3. *Fear for loved ones*

They are concerned about what will happen to the loved ones who will survive them: Will there be enough money? How will they cope?

4. *Fear of the aloneness of dying*

People sense the isolation imposed on them by friends and staff. This is where it becomes important to stay, even though as death approaches, the person may not respond. Hearing and touch are the last two sensations we lose. A loved one's presence can alleviate the aloneness until the moment of death, which we must all face alone.

5. *Reflected fear*

In his book *How Could I Not Be Among You*, Ted Rosenthal said, "I never knew what fear was until I saw it in the eyes of the people taking care of me." People read how we are reacting to their illness more clearly than we think. It is important to be free to share our grief and how we feel.

6. *Fear that life will have been meaningless*

This is a time when we look back over our life to find meaning: Is my world better because I was here? If a person feels life has been meaningless and begins to question the reason for their creation, the process can be devastating. Now is the time to help patients identify positive aspects of their lives.

7. *Fear of the unknown*

It is here that our faith system comes into play. Is there life after death? What kind? There is hope: first for a cure, then for extension of life, then for more immediate hopes, such as living to see the flowers in the spring, a grandchild born, or a holiday celebrated.

Adapted from material by Tom Leicht, M.D., in the "Caring Concepts" newsletter
Dr. Tom Leicht is in private practice in Los Angeles where he also serves as a hospice consultant.

Cultural Beliefs About Death

Death is not something we talk about readily or easily
Some of the societal Influences are...

Media: Death is dramatized. There is a sensational style of reporting which constantly seeks to find the most "interesting" details.

Consumerism: Our advertising promises us that we will live forever if we use the right face cream, jog, take vitamins, and colour our hair.

Mobility and Impersonality of Society. Families are mobile and thus, children may not know their older relatives and we may not know our neighbours. Because of this, if people die, we are not involved.

Specialists: We have experts who can help us in all areas. Counsellors, therapists, and other strangers have taken over the jobs we used to do to help each other in life crises. We even have palliative specialists who will help us die expertly.

Social Pressures: Our society is fast-paced. We have been conditioned to be and look 'normal', hide our true feelings, be strong, and carry on and encouraged to get on with it.

AFTER THE DEATH OF A LOVED ONE – WHAT DO I DO?

When a loved one dies, you may be too tired or upset to cope with the situation alone. What can you do?

- ❖ Take time to say goodbye at the bedside or as appropriate
- ❖ Determine who needs to know about what has happened
- ❖ Contact your support network for guidance and support
- ❖ Ask for professional assistance

Contact a funeral home – a physician will sign the Medical Certificate of Death and the Funeral Home will then arrange for pick up of the body.

If the death happened at the hospital, collect personal items and see to the release of valuables at the verification office and/or cashier's office.

Arranging a Funeral – the cost and services may vary among funeral homes. Feel free to contact several before making your decision. The job of the funeral director is to help you with the official paperwork and arrange the services according to your wishes.

www.canadianfunerals.com

Financial Issues regarding funeral costs, burial and cremation – some people have special insurance, or funds set aside; sometimes a lodge or association will provide financial help. Veterans with limited finances may qualify for help 604-572-3242. If there are no resources for funeral expenses through either the individual's estate or family, or other source, the Ministry of Human Resources may help with these costs, 604-660-2421

NORMAL GRIEF

BUT You're Absolutely Normal...

Grief is a normal reaction to loss and it shows up in ways you might not expect:

Irritable, short tempered, angry... at the doctors or nurses for not doing enough; at yourself; anger at being left alone; anger at having to take on new roles or responsibilities.

Release anger through tears, ripping up paper, punching a pillow, exercise, talking to someone who understands. Give yourself time to learn new roles and take things on one at a time to avoid feeling overwhelmed.

Difficulty making decisions, forgetful, can't concentrate... find yourself unable to concentrate on written material or unable to remember what you just read.

Write yourself reminders, post them somewhere visible. Keep your calendar, glasses, keys and bills all in special places so you can find them easily. Try not to make any major decisions for the first year.

Difficulty eating, sleep disturbances, physical symptoms... a change in appetite, upset stomach, sleeping too much or not enough, headaches, weakness, lethargy, more aches and pains

Eat small meals or at least one good meal a day, even if you are not hungry. Try not to nap during the day. Avoid caffeine and alcohol and add exercise to your daily routine.

Crying spells and extreme emotions... crying for no apparent reason, being crabby, panicking over little things, feeling guilty about things you have or have not done, feeling unbearably lonely and depressed

Allow yourself to cry; it releases tension and toxins in the body. Recognize the feelings, express and work on them; speak with someone you trust or in a group.

Restlessness... cannot keep still, considering selling everything and moving.

Exercise, keep contact with the friends and family you feel comfortable with, write down things you enjoy or enjoyed doing and try doing one of them when you are restless.

Social awkwardness... feeling that friends should call more or call less; leave you alone or invite you along more often; not wanted to attend social functions you usually enjoy.

Notice your expectations of others and of yourself; be clear in your communication with yourself and with others about what you are able to do and what you wish to do.

Need to remember and retell about your loved one... finding yourself obsessed with thoughts of your loved one.

Keep a diary or a journal; find a trusted friend to talk to; join a group.

Identify what you need during this time and do what seems to help. Give yourself permission to change your routine, places you go, even your furniture arrangement if it helps. Above all, be kind to yourself and take care of yourself. It is not selfish to turn your energy inward and help yourself. *Source: Anonymous. Adapted and revised by Susan Hogman, MSW, RSW.*

Books on Grief for Widows:

"The Year of Magical Thinking" by Joan Didion

"Widow to Widow: Thoughtful, practical ideas for rebuilding your life" by Genevieve Davis Ginsburg

AFTER THE FIRST YEAR... THEN WHAT?

Grief is different for everyone; like fingerprints and snowflakes, no two are alike. The first year of bereavement brings with it variety of reactions, sensations and challenges. As the anniversary of the death approaches, you may have expectations of yourself and how far you have come in your healing. On average, it takes an individual 2-5 years to grieve a loss, so be realistic in your expectations for yourself.

Emotions:

- Feelings of anger and guilt may still be present; be gentle with yourself, recognize and work on them.
- Feeling of depression may enter for the first time or re-enter; this is part of the grief process and will get better with assistance.
- "Time will heal" is a common saying. Time does soften the hurt, but it is what you do with the time that makes the difference. Identify what helps: journaling, exercise, deep breathing, etc. for releasing emotional energy.
- From time to time you may still experience from time to time waves of strong emotions that come and go. Allow yourself the time and space to feel the feelings, express them and work on the ones that hinder your wellbeing. Remember that these "grief bursts" are natural parts of this process.

Body:

- Focus on getting sufficient quality sleep. Avoid caffeine and alcohol and ensure that you are physically active. Exercise helps alleviate mood and reduce symptoms of stress and anxiety.
- Variety of physical symptoms may appear (e.g. chest pains). Have regular check-ups.

- Take relaxation pauses throughout the day. Often we do not stop until something happens that makes us stop. Be proactive.
- Work on maintaining a balance in your life: ensure that the amount of energy coming in that nourishes you is not less than the energy you put out towards addressing your responsibilities.

Thoughts:

- Expect upsurges of memories around anniversaries and significant dates. Expect your grief to be triggered more around these times.
- Asking "why" is important, yet it is important to acknowledge that you may never know why.

Social:

- Don't expect too much from your family; they too are grieving.
- You may hear people suggest that you should be in a different place in your grief by now; you may even feel abandoned by some friends and even family. Talk to someone who understands.
- The new roles you have taken on and visiting places that remind you of the person who has died may lead you to feel alone; when you are ready, find new friends or reconnect with old ones, find worthwhile projects or work.

What gets in the way of healthy grieving?

Getting stuck in one phase or feeling. Not wanting to appear weak. Believing in the myth that you should be able to just get over it. Societal attitudes. Well meaning others who say unhelpful things. Not letting yourself cry. Not acknowledging certain thoughts or feelings. Not allowing yourself to go through the process. Trying to be tough or strong for others and thereby denying your own needs. Drug and alcohol misuse. Unresolved past grief.

SUGGESTIONS FOR HEALING

1. Explore what the loss means to you and how it impacts your life. How the loss affects your image of yourself, your relationships with others, your finances, roles, status, your dreams and goals, your image of the past, present or future, and your values and beliefs.
2. Surround yourself with people who care about you and share with them your needs. Speak to your friends and family about the type of recognition and support that you need when you are grieving. Ask them about their needs.
3. Acknowledging and naming our losses gives the pain an outlet.
4. Become aware of any restrictive or negative self-talk; decide which beliefs are “keepers” and which need to be changed. Identify the self-talk you would like to change, and what you would like to use instead.
5. How have your spiritual needs and practices changed during times of grief? What spiritual practices have been particularly comforting for you?
6. Everyone grieves their own way. Who are the people in your life who can listen without giving “unsolicited” advice? What have people said that has helped or hindered you in your grief?
7. Knowing that others have experienced and moved through many of the emotions, symptoms and issues we are currently overwhelmed with, can give us more trust and hope in our ability to heal. Consider joining a grief support group or connecting with others who have been bereaved.
8. Have children offered you support in times of loss? Have you allowed them to help? Be open to the kind of support that comes from unexpected places.
9. What was the first experience of loss in your life? How old were you? How did the adults involved grieve? Were you allowed to grieve? What support did you receive? Were you allowed to help? How did that first experience influence your beliefs and grieving process now?

10. What physical, emotional, mental and spiritual symptoms of grief are you experiencing? How can you work with the symptoms, rather than fight them, to help your grieving process?
11. A memory book, box or journal honours the person or experience we are grieving; it provides an external, structured remembering, so that we don't need to worry about forgetting, and it may provide a catharsis as pain is released into the safe container we are creating for it.
12. Consciously choose a symbol for comfort, hope, peace or whatever else you need in your grieving.
13. List some of your comfort objects. How do they help you? Do you need to add objects, change, or be more creative with the ones you have in order to meet your current comfort needs?
14. What ancestors or other person no longer living has been a source of inspiration to you? How could what you know about them help you today? You may want to see them in your mind's eye and ask for their support and guidance in working through your loss.

Source: Adapted from Found Through Loss (2003) by Nancy Reeves

Useful Websites

BC Hospice Palliative Care Association - www.hospicebc.org
Canadian Hospice Palliative Care Association - www.chpca.net
Hospice Net (USA) - www.hospicenet.org
National Hospice Palliative Care Organization (USA) - www.nhpco.org
International Association for Hospice & Palliative Care - www.hospicecare.com
"Virtual Hospice." Interactive network - www.virtualhospice.ca
Griefworks BC. Support for children, teens and adults - www.griefworksbc.com

SUGGESTIONS FOR DEALING WITH OVERWHELMING EMOTIONS

Acknowledge the feeling: What is it that you feel? Why now? Where do you feel it in your body?

Express the feeling: Become consciously aware of what you are feeling and then let the energy out by doing something. Let out anger by hitting a pillow, screaming, going for a run, throwing a ball against a wall. Let out sadness by crying, listening to sad songs, writing down what pains you. Manage anxiety by challenging what you fear, taking slow deep breaths and telling yourself you are going to be okay. Emotions are energy and you need to do something to release that energy.

Avoid “shoulda/woulda/coulda” thinking: Instead, accept that you did the best that you could, given your knowledge, resources and skills at the time.

Reframe negative or discouraging thoughts to help manage feelings of anxiety: A loss can shake your confidence. When faced with present challenges, remember past successes when faced with present challenges to help boost your confidence in yourself. Focus on the things that you do have control over, like your perception and attitude, and let go of the things that you cannot control, as this just fuels feelings of helplessness and anxiety.

Engage in activities that are aimed at calming and soothing you: Consider yoga or meditation, practice deep breathing, take a hot bath or a long walk.

Talk about it: Identify who the good listeners are in your life and talk to them about what you are feeling. Sometimes just talking about it is enough to release the emotion’s energy and it can help you gain new perspective and awareness.

If you are not comfortable talking to someone, write your thoughts and feelings down in a journal, as this will also help to release the energy.

Like a wave, emotions can arise quickly and completely overtake us. Remember to keep breathing, long and slow breaths, and the intensity of the emotion will lessen over time.

MASLOW’S HIERARCHY

The hierarchical effect

A key aspect of the model is the hierarchical nature of the needs. The lower the needs in the hierarchy, the more fundamental they are and the more a person will tend to abandon the higher needs in order to pay attention to sufficiently meeting the lower needs. For example, when we are ill, we care little for what others think about us: all we want is to get better.

The five needs

- Physiological needs are to do with the maintenance of the human body. If we are unwell, then little else matters until we recover.
- Safety needs are about putting a roof over our heads and keeping us from harm. If we are rich, strong and powerful, or have good friends, we can make ourselves safe.
- Belonging needs introduce our tribal nature. If we are helpful and kind to others they will want us as friends.
- Esteem needs are for a higher position within a group. If people respect us, we have greater power.
- Self-actualization needs are to ‘become what we are capable of becoming’, which would be our greatest

TIPS ON HOW TO COPE WITH ANXIETY

1. **Breathe deeply** – When we are stressed, our breathing becomes more shallow, which increases tension in the body. By focusing on breathing slowly and deeply from the belly, the body will naturally start to calm down.
2. **Reframe Discouraging Thoughts** – Pay attention to what you say to yourself. Challenge discouraging thoughts and replace them with statements that are meant to calm, soothe and encourage you. Repeat these statements over and over again when worries start to surface.
3. **Learn to let go of control** - Even the most carefully planned events in life can take unexpected turns. Sometimes the cure for anxiety caused by these things is to simply accept that you cannot control everything and don't have to for things to work out. Instead of focusing on what could go wrong, focus on and accept what you can do to improve the situation, and trust that somehow everything will work out – it just might not be how you planned it!
4. **Be optimistic** - A famous psychologist, Alfred Adler, used to tell people to act “AS IF” they had what they wanted or were able to make everything work out. Even though they were “just pretending” to be confident, they reported later that they actually felt more confident and that events they were fearful of worked out. The lesson here is that attitude and perspective are everything. Everyone faces overwhelming challenges from time to time but not everyone is crippled by their anxiety. If you can focus your energy on being optimistic and solution oriented rather than pessimistic and problem oriented, you will feel better able to cope and manage a stressor.
5. **Focus on something else** – Sometimes when worries get too big you need to redirect your energy to calm yourself down. Focusing on a task that you

can control the outcome of, and engaging in an activity that will release energy, like exercising, can help to reframe your thinking, gain perspective and release tension, which will allow you to calm down. Then you can return to the original issue in a less anxious state of mind.

6. **Let the past go** - If you're feeling bad about things that have already happened, take a moment to realize that there's nothing you can do to change these things now. Take steps to accept that at the time, with the knowledge you had then, you did the best you could and take the energy being used on regret to do something that will be useful to you in the present and future.

Grief and Anxiety

“No one ever told me that grief felt so much like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness...”

C.S. Lewis, 1961, after the death of his wife

Few people are aware that increased anxiety, which can be experienced as panic attacks, specific fears or generalized worry, is very common when acutely grieving.

Here are some explanations for increased anxiety/strategies to help you cope:

- ❖ **Increased Perceived Uncertainty:** Anxiety naturally increases whenever people are faced with the unknown and/or the unfamiliar. In the case of grief, the unknown is this new world without your loved one's physical presence and the unfamiliar are the new challenges of having to manage all the consequential changes and losses.
- ❖ **How to help you cope:** Grief is a time of transition. You need time to adjust to this new world and all the changes in your life. You need time to figure out a new future. Give yourself permission to not have all the answers and sit with “I don't know”. Just take it one day at a time.

- ❖ **Increased Perceived Insecurity:** When loved ones can die, the world can suddenly feel like a scarier place. If you have always prided yourself on being able to take control and influence your world, you may find yourself losing confidence and feeling more helpless and out of control. Insecurity is natural in times of transition. When you are grieving you are transitioning from the security of what was to what is, and all that this entails.
- ❖ **How to help yourself cope:** Be patient with yourself as you take on all the new roles and responsibilities you now have. Do not be afraid to ask for help and adjust your expectations for yourself. Anyone in your shoes would have moments where they feel overwhelmed and uncertain so do not judge yourself harshly.
- ❖ **Intensity of Emotions:** When someone very significant dies, the emotions can be very intense, unexpected, uncontrollable and overall very different than how you have reacted to other losses. Coupled with the unrealistic expectations that most people hold about the grieving process, these reactions can cause you to doubt your sanity and perceived ability to ever recover.
- ❖ **How to help yourself cope:** It is common to worry that you will become stuck in your pain but, like everything else in life, your grief will change with time and work. Find ways to express your emotions and soothe and comfort yourself to help to manage these experiences. Do not be afraid or embarrassed by your emotions; the intensity and rawness will lessen. Tears are healthy.
- ❖ **Managing the Process of Grief:** Grieving is a slow, energy draining and painful process. The unexpected and intense experience of grief does not lend itself to the same logical processes of resolution as do other problems you typically encounter in life. Coping strategies may not be as effective and some emotions may have to be expressed many times

before the energy is released and the mood can shift. All of this can increase feelings of discouragement which heighten anxiety.

- ❖ **How to help yourself cope:** Assistance might be needed to help manage these experiences, to develop new coping strategies and more realistic expectations for your individual grieving process. Seek out information and support if you are concerned about how you are managing.
- ❖ **Lack of Guidance:** When we are feeling lost or confused we seek out guidance. Sometimes friends and family may not give the best advice and we can feel isolated in our grief if our experiences are different from others'. If our expectations are unrealistic, advice does not seem to work, or there is no clear information or direction to help us cope, this can further raise our anxiety.
- ❖ **How to help yourself cope:** Connecting with a bereavement counsellor or a support group can give you a safe place to ask questions, address concerns and receive support and guidance.

Source: "How to go on living when someone you love dies." by Therese Rando. Information from Chapter Two, "How Grief Affects You".

Tips to Support Grieving

- ✓ Sit with nature - by the river or in a quiet park - breathe in some fresh air
- ✓ Follow spiritual practices (sweat, church, prayer, song, etc.)
- ✓ Write in a journal
- ✓ Write a letter to the person who died, then bury it, burn it or put it away
- ✓ Write a story, poem, song for the person
- ✓ Let yourself have fun - Let yourself laugh
- ✓ Don't judge yourself or your grieving process
- ✓ Ask for help from friends and supporters
- ✓ If you get stuck in a stage, or the feelings seem out of proportion, seek counseling
- ✓ **Be gentle with yourself and acknowledge that healing is going to take time**

CHILDREN'S GRIEF:

Children's understanding of death

Newborn to 3 years

- Can sense the emotions around them
- Grief may be evident in changes in routine or irritability

3 to 6 years

- Think death is reversible, magical thinking
- Difficulty handling abstract concepts, such as heaven
- Process grief through play
- Regression
- May ask questions repeatedly

7 to 9 years

- Fear death is contagious
- May be fascinated by it
- May have difficulty expressing feelings verbally
- Continue to have difficulty with abstract concepts

10 to 13 years

- Fragile independence, fluctuating between dependence/independence
- May not ask questions
- Delayed reactions to grief
- Somatic symptoms
- Concerned with how their world will change

Children's Grief Reactions

Following is a list of common grief responses and a summary of caregiver techniques that have been found to be helpful for helping children manage these responses. Like adults, every child responds differently to a loss and so a child may not exhibit each behaviour.

Shock, Disbelief, Indifference:

Immediately following the death, it is common for people to be in a state of shock and disbelief. The loss does not seem real or possible, and these feelings can last for a few days or a few months. Shock may be expressed as indifference. The child's feelings of grief may be too much to accept at the present and so they distract themselves with other things and seem indifferent to the loss.

How you can help:

Shock and indifference are a temporary protective mechanism that helps the child cope with the overwhelming pain and emotions associated with loss. Do not become upset if a child seems not to react to a loss. It is very common for school aged children to want to jump back into school and old routines to help them cope. Make yourself available to the child for support but do not push lengthy discussions about their feelings. Instead communicate an openness to listen and a willingness to discuss any questions or concerns a child may have. Communicating your own thoughts and feelings about the loss can help spark conversations and help children identify their own feelings. Children can not sit with intense emotions for too long and so typically they only focus on their grief for short chunks and then turn their focus onto something else. Expect to hear similar questions repeated as the child strives to understand all that has happened.

Separation Anxiety and Fear:

Children may become more anxious and fearful. It is common for them to become more dependent, and easily upset when separated from a primary caregiver.

How you can help:

When separation anxiety arises, it is important to reassure the child that they are safe and the caregiver is safe. Separation anxiety arises because the child's sense of safety and security has been shaken and they are afraid of bad things happening to other people they love. Sticking to old rules and routines can help to re-establish a sense of safety, as can reassurance of their own and others' well-being.

Children benefit from quality time when they are grieving. They are seeking out ways to comfort and soothe themselves. Adults can help by being a little more patient and making themselves available to the child for a little extra attention and affection if desired by the child. Help children identify realistic and unrealistic fears and develop strategies for managing anxiety provoking experiences.

Anger and Acting Out:

Anger is a common response to loss and children can lash out and/or generally act out in ways they had not previously.

How you can help:

Recognize that the anger is being fueled by hurt and fear. The child may be acting badly to push people away to avoid being hurt again. The child may be so overwhelmed by their emotions that hurting others is the only way to express their hurt. Whatever the reason for their anger, adults need to remain present

and calm, and help the child to find appropriate ways to express that emotion. Model and help the child to find physical outlets – hitting a pillow, ripping up paper, running, throwing a ball against a wall – to release energy. Set limits and boundaries, and communicate that it is okay to feel mad, but it is not okay to be mean or hurt others.

Withdrawing:

Grieving a loss takes a lot of energy and it is common for people to have a hard time focusing, concentrating and remembering information. Socializing with others takes a lot of energy and focus and children may appear distracted or "quiet" when around others.

How you can help:

Some children just need a little extra "quiet time" to help them to cope when they are acutely grieving. Although children seek out distractions, they may become more easily overwhelmed when they have a number of activities scheduled in a day, so it is best to schedule less and give more time for completing homework and other tasks. Children sometimes also withdraw because they feel "different". They have experienced a loss that their peers may not have experienced. In these cases, arranging for a child or teen to join a bereavement support group can be very beneficial to help them find peers who they can relate too. For information on local support groups, contact one of the Patient and Family Support Counsellors at 604-988-3131 ext. 4701.

Guilt and Regret

Children have wonderful imaginations but sometimes this creativity can cause children to think they have more power than they really do. Guilt feelings exist when the child mistakenly believes that some thought or action of theirs contributed to the death of their loved one. Guilt or regret may be expressed as a child acting "too good".

How you can help:

If you suspect guilt, remind the child of why the person died (e.g.: the cancer kept growing and grandpa's body could not get better) and let the child know that there was nothing that the child or anyone else did to cause the death. Help them to find ways of expressing regrets through writing letters or thank you / I love you / goodbye cards to their loved one.

Source: Haasl, B. & Marnocha, J; Bereavement Support Group Program for Children, 2nd Ed.

Helping Children Cope with Grief:

Remember the acronym CHILD for Do's and Don'ts of helping children cope with grief:

- C – CONSIDER:** Consider the individual child: grief has no respect for age.
- H – HONESTY:** Use the “D” words: death, die, dying. It is okay not to have all the answers.
- I – INVOLVE:** Let the child know what is happening and involve the child, as much as is possible.
- L – LISTEN:** Let the child take the lead: let the child talk through what is on their mind. Let the child know it's okay not to want to talk about it anymore for a while. Give the child outlets for expressing their grief, through art, drawing, play, writing, poetry, stories, hammering. Be attuned to magical thinking involved in the child's explanation of the death. Correct such perceptions to allay guilt and prevent inappropriate grief reactions.
- D – DO IT OVER AND OVER AGAIN:** Appropriately share your grief. Children do best when they have permission and role models for their grief work. They need to see an honest expression of emotion from adults, accompanied by explanations and reassurance.

What is “dead?”

How do you explain death? Ask the child, “what is life?” and then when a list has been generated (e.g. “I know I am alive, because I can dance”), add that when all that is gone, ceases to work, that is death.

Supporting Bereaved Children

One of the most important things to remember is that everyone in the family grieves differently. Children grieve in ways that reflect their developmental understanding, previous experience with loss and the support and information available to them. Children learn from you, so include them in your grief process. Show and tell them how you are feeling and what you do with your own grief. This helps them to understand their feelings and how to express them.

Children are concrete in their thinking. Use simple, specific, and clear language.

Children are repetitive in their grief and may ask questions repetitively. Listen and support their searching. Answer repetitively, keep telling the story.

Young children tend to generalize situations. They need to study the world in their own time and learn to accommodate new truths on their own. Allow them to express themselves and support trying out things.

Children grieve cyclically. Each time a child gains a new developmental ability, they reintegrate the important events of their lives, using the newly acquired processes.

Children are physical in their grief. As younger children get older, they are more able to express themselves in words.

- Encourage movement and active play as language
- Reflect their play back to them, verbally and physically
- Make a space for them to freely explore their grief with their bodies

Children need choices. Death is a disruption in their lives. This topsy-turvy feeling can be lessened if the children have some say in what they do

or don't do to commemorate who dies, and to express their feelings about the death. Whenever possible offer choices, i.e. viewing the body or going to the hospital/ funeral (or not). Offer children pictures and possessions of the deceased as a way of supporting this process.

A child's feelings. Children's feelings are their allies to help pay attention to the loss and lead to understanding the death.

Permanence and Impermanence of Death in Children's Thinking. It is important to remember that younger children's perception is oriented in the senses. It is concrete, short range and based on what they feel in the present. As children become older, they begin to grasp the concept of death. They begin to understand that the person will never come back because they are dead, just by hearing the word dead. Abstract thinking develops more in depth with the onset of adolescence; sometimes leading to philosophic pondering, sometimes appearing like depression, as the meaning of the event is investigated.

Books on Grief for Children:

"When the Wind Stops" by Charlotte Zolotow & illustrated by Stefano Vitale

"The Fall of Freddie the Leaf" by Leo Buscaglia

"When Dinosaurs Die: A guide to understanding death" by Laurie Krasny Brown and Marc Brown

"Tear Soup: A recipe for healing after loss" by Pat Schwiebert & Chuck DeKlyen, and illustrated by Taylor Bills

"Bear's Last Journey" by Udo Weigelt and illustrated by Cristina Kadmon

"Badger's Parting Gifts" by Susan Varley

"When Someone Dies" by Sharon Greenlee and Illustrated by Bill Drath

ADOLESCENT GRIEF:

Supporting Bereaved Adolescents

The peer group is the primary source of support for adolescents. Family acts as a resource and a safe place, with the teen working to establish his/her independence. They begin to see and understand the effect that a loss will have on others as well as themselves. However, this ability comes and goes. They are usually able to express and discuss their emotions with others including both friends and caring adults. You can expect that how the adolescent deals with the loss may influence the decisions they make about their future.

When someone is very ill:

- as soon as possible, give the teen information about the person's illness and what to expect allowing the teen to think ahead and plan for events in the future
- help the adolescent find ways of helping the person who is ill, using their present interests or skills
- consider the number of stresses for the teen and their effect on school or other performance; it may be helpful to offer to help them study for upcoming exams or to proofread assignments
- ask if s/he is able to talk to friends about what's happening and explore whether s/he has any concerns or questions about how this person's illness and death will affect their future

be alert to the teen's fears about his or her own mortality; be willing to hear his/her concerns about your lifestyle and what s/he fears could happen to you

When someone has died:

- Prepare the adolescent for family rituals, include them in planning the funeral or other rituals when possible to commemorate the one who dies, and to express their feelings about the death.

HELPFUL TIPS FOR COPING WITH THE HOLIDAYS

- Recognize the teen's need to identify with the person who died and to be clear about the positive and negative parts of their relationship, coming from a normal need to feel connected to that person
- Describe the grieving process and what to expect; you might talk about your own past experiences with loss
- Make sure that others their life know about the death, such as friends, teachers, coaches, school staff, etc.
- Support the adolescent to be independent, encourage them to partake in activities

How to Help:

- Be honest with information and your own grief process
- Be available for discussions and remind the adolescent regularly of your availability
- Expect to hear discussions of death in relation to larger topics of world, meaning of life
- Expect to be largely unaware of how much the adolescent is processing
- Understand and allow that exaggerated emotions may be a normal part of grieving
- Encourage the teen to have relationships with other adults
- Provide assistance with getting an adolescent involved in expressive or physical outlets
- Watch for drug and alcohol use and intervene immediately if you suspect it is getting out of hand

Acknowledge that Grieving is Work:

→ Adjustment to the death of a loved one takes a lot of energy and can leave you feeling unable to fully meet all of the extra demands that come with the holiday season. Be realistic as to how much you can take on and delegate things that you do not feel able to do.

→ Some helpful tips from other grievers include: avoid stores and crowds by ordering gifts through catalogues or on-line; have a few "extras" in case of emergencies; buy prepared foods this year or choose one dish you enjoy making and delegate the rest.

Recognize that Anticipation is Usually Worse than Reality:

→ The holidays will bring up memories and your loved one's absence will be felt. Tears and sadness do not have to ruin the holiday for you and others – it is okay to have moments of laughter and tears. If you are triggered, let yourself have a good cry and you will typically find that you can carry on.

→ Ask a friend to be a support buddy through this time and have a plan for what you will do on certain days. Often having a plan can help you feel better able to manage.

Re-evaluate Family Tradition:

→ Ask yourself and your loved ones to decide what is important to make your holidays meaningful and bearable. Tell others what you want and need for the holidays.

→ Discuss holiday tasks and responsibilities and decide what you may want to keep, what you feel able to do, and what you would like to change, knowing that nothing you do has to be continued but can just be for this year.

→ Light a special candle in honour of your loved one on the eve of each holiday.

Set Limits:

→ The holidays tend to be a time of overindulgence. You do not have to attend every party or participate in every gift exchange if you do not feel able to do it. You will likely have to communicate your limits to others, especially if they are determined not to let you be sad or alone. Pick and choose what you want to do and let others know what you need and how they can best help you.

→ Plan ahead. Balance time alone with time with others. If no one has invited you to join them, be proactive and invite others to join you.

→ Walk softly and be gentle with yourself. Be your own kindest friend.

Remember the values within the holidays. Claim and celebrate them within your life now.

Tips to Cope With Grieving

- ✓ Cry, scream, yell – express your feelings as they come up
- ✓ Talk to someone who will just listen. Tell stories. Share memories
- ✓ Get regular sleep – go to bed at the same time each night even if you're not tired (get up again if after 30-45 minutes you still can't sleep – do an activity and then try again) then get up at the same time each day
- ✓ Go for a walk or run. Do some physical activity each day
- ✓ Take naps if you need them
- ✓ Eat frequent healthy small meals and snacks – keep feeding your body
- ✓ Drink water, juice, tea – keep yourself hydrated
- ✓ Try a relaxation exercise
- ✓ Listen to uplifting music
- ✓ Sit with nature - by the river or in a quiet park - breathe in some

HOW YOU CAN HELP BURNABY HOSPICE SOCIETY

Donate

- 65% BHS operational support for programs and services funded through donations & grants
- Online payment: website
- Donate: cash, cheque, credit card, via phone
- Gifts-In-kind: food, beverage, event tickets, program supplies, gift cards
- Tax receipts issued for monetary contributions & fair market value for some gifts-in-kind
- Thrift Store: donate or buy gently used clothing , house wares, furniture
- BHS Wish List: this list outlines specific needs: website
- Host a Hospice Fundraiser: individuals or community groups organize an event in support of the BHS. Fundraisers include events such as garage sales, benefit dinners, golf tournaments, musical concerts, and car rallies.

Get involved

- If you would like to get involved, please contact the BHS office for information about upcoming events or visit our website www.burnabyhospice.org
- Special events: Hike for Hospice, Halloween Howler, Memorial Services

Volunteer – Give your time

- Hospice Society volunteers offer companionship, caregiver relief and various activities
- Volunteers play an extraordinary role in supporting clients and families
- Specifically trained volunteers work as part of the palliative medical and supportive care team to assist clients and their families
- As well as palliative companionship, volunteers also participate in bereavement support programs, office assistance and special events
- Hospice volunteers provide quality support, compassionate, dignified end-of-life support

- Volunteers make a difference in the lives of others
- Volunteers receive classroom instruction and practical training

If you are interested in volunteering, please contact the Volunteer Coordinator or visit our website www.burnabyhospice.org

Referrals

If you have recently been diagnosed with a terminal illness, are providing care for someone with a terminal illness, or have lost a loved one within the last two years, you may benefit from our programs and services. We accept referrals from anyone and all our services are free of charge (access to bereavement services requires an annual membership with the Society).

Physicians and nurses work closely with the Burnaby Hospice Palliative Care Team which includes: Clinical Resource Nurse, Clinical Nurse Specialist, Social Worker, Palliative Pharmacist and the Burnaby Hospice Society Volunteer Coordinator.

COMMUNITY SERVICE AGENCIES:

Burnaby Community Services Community Resource Guide

- Provides a listing of programs and services in Burnaby and New Westminster. Copies of the guide can also be ordered online by visiting www.BbyServices.ca or by calling **604-299-5778**.

Burnaby Seniors Services Outreach Society: 604-291-2258

- Caregivers' program & newsletter
- Burnaby Seniors Resource Guide

Red Cross Services

- Health Equipment Loan Program providing health equipment to individuals dealing with illness or injury: Burnaby Edmonds Community Resource Centre #105 - 7355 Canada Way Burnaby, BC V3N 4Z6T
604-522-7092

Better At Home Program

- Helps seniors to live in their own homes longer by providing simple non-medical support services. Some service may be free or fees for service are based on income.
- Email betterathome@burnaby.ca or phone **604-297-4877**. Further information regarding the program can be found at www.betterathome.ca.

The Family Caregivers Network Society – www.fcns-caregivers.org

Canadian Virtual Hospice – www.virtualhospice.ca

Medical Services Plan – (604) 683-7151

BC Palliative Care Benefits Program – 604-806-8821 bchpca@direct.ca

For **free advice about medications** during the evening and overnight:

Call 811 and speak to a pharmacist any evening from 5pm to 9am

For **emergency fee-for-service dental care**: **Call 123Dentist at 604-805-2500** 24/7 or visit <http://123dentalemergency.com/>