

Dear Brothers and Sisters,

While there are many uncertainties related to our mortality, there is one thing that we can control: it is the gift of our advanced preparation for those we leave behind. That gift requires faithful wisdom in making plans for the final stages of our life. It is an act of love for those we love, and it can be a meaningful act of self-discovery about the things that have been important to us. It can even be an act of hope as we think about our faith in the promise of new life in the resurrection.

The Endowment Task Force has prepared this workbook as a tool for you and your family in dealing with end-of-life issues. They offer it to the congregation in the hope and expectation that it will be a helpful tool by raising important questions and helping you search for answers that are consistent with your life and faith.

Your pastors are ready to assist you in any way we can. May the love of Christ and the hope of the resurrection give comfort and peace to each of us as we enter into this process.

Grace and peace,

A handwritten signature in cursive script, reading "Magrey".

Magrey R. deVega

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A GUIDE FOR END-OF-LIFE PLANNING

I. INTRODUCTION

The purpose of this booklet is to assist you in planning for and expressing your wishes regarding what happens at the time of your death. It is intended to assist the grieving and provide them valuable information about your wishes.

The subject of dying is not an enticing subject. American culture looks at dying as a topic to be denied as if there were some way it could be avoided. This is understandable since modern medical technology has developed so many tools to delay the inevitable. This has created a false reality in many cases by avoiding the obvious only to have an avalanche of choices and decisions at the most inopportune times. While death is a difficult subject to discuss, as Christians we prepare for death with the assurance of eternal life. We do not know how or when our death will occur – suddenly in an accident, through illness, or as a natural result of aging. However it comes, there is comfort in knowing that you are conveying helpful information about yourself to your family, pastors and friends.

St. Paul said, “We sorrow not as those without hope.” (I Thessalonians 4:13) The funeral or memorial service recognizes both sorrow and hope as we thank God for the life of a family member or friend. But for that service to do that, pastors and survivors must know your wishes. The most caring legacy you can give those closest to you is a specific set of instructions that will enable them to know your preferences. This seems an unwelcome assignment, yet once tackled it is enormously satisfying to pull together all the essential details of your life in a form that will ensure that those who bear the responsibility of making arrangements do so in the knowledge that they are doing as you would have wished. It is wise to take on the assignment now, whatever your age, and to review and update the information annually.

This information should be readily accessible in your home and it is advisable to inform your family members of its existence.

II. ESTATE PLANNING

You are encouraged to obtain professional advice and assistance from an attorney in developing and documenting your estate plan. Proper planning and follow-through will ensure that your assets are distributed precisely according to your wishes with a minimum of expense, taxes and delay. Special care should be taken to ensure that

your assets are titled properly (sole name, joint names, name of trust, etc.) or your estate plan could be thwarted. If you choose not to have professional advice, complete the items listed in the remainder of this section. In addition, complete Section VII-Legal and Financial Information List for Family to ensure your family has the information necessary to handle the estate.

A. Last Will and Testament

A will is the most important instrument for you to complete. Without a will, the State of Florida decides how your estate will be divided. You may write a simple will or contact a professional for advice. While having a will and other estate plans is key to accomplishing some of life's most cherished goals, keeping these arrangements up to date is equally important. As relationships and circumstances change, so should your plans. These changes can be implemented by using a simple codicil. In lay terms, this is a supplement or addition to a will that state your wishes without having to draft a new will.

Information on wills and estate planning is available through the church office.

B. Legal Forms

There are several other legal forms you should consider at this time. You are strongly encouraged to obtain assistance from an attorney in executing the forms or to have any questions regarding them clarified by a professional. Samples of the current forms may be found in the final pages of this booklet.

1. Durable Power of Attorney

The Durable Power of Attorney allows the person you designate to make decisions on your behalf in case of an accident, an illness such as a stroke or any incapacitation. This would include matters regarding your home, sale of property, payment of bills and so forth. Unlike an ordinary power of attorney, in order for a power of attorney to be "durable" it must comply with the requirements of section 709.08, Florida Statutes. A Durable Power of Attorney is a customized legal document and should be prepared in accordance with your exact wishes.

2. Organ and Tissue Donations

If you have a desire to be an organ or tissue donor, it is extremely important that you let your family know and make arrangements now. Organ donation is truly a unique opportunity to save lives as it is possible for a single donor to donate organs and tissues that may help as many as 60 recipients. It is now possible to transplant 25 different organs and tissues, including corneas, heart, heart valves, liver, kidneys, bone and cartilage, skin, lungs and much more. You may fill out a donor card and carry it with you in your wallet or even designate on a driver's license your wishes to be a donor. The easiest way to become a donor is to register online at www.donatelifeflorida.org. This is a non-profit organization contracted by the state of Florida to create the donor registry. Please also see the Uniform Donor Card Form included with other legal documents in the back of this booklet.

For more local information, contact:

Lifelink 813.251.8017

To access comprehensive information, search:

<http://www.lifelink.org>

3. Advance Directive (Living Will/Health Care Surrogate)

The State of Florida has adopted a "Life-Prolonging Procedures Act" that allows you to use written directives in accordance with certain guidelines. The principal document needed is called an advance directive. This document makes certain declarations about how one wishes to be treated in the event that one loses the ability to make decisions. A person is considered to have the capacity to make decisions if he/she can understand the medical issues, the implications of alternative forms of treatment, and can explain those facts and implications back to the physician. This is the basis of the term "informed consent" that is required before a person can consent to any type of evaluation or treatment.

In addition to the laws that allow the creation of advance directives, it is equally important to acknowledge the laws that permit anyone to refuse any and all forms of treatment. This is a right guaranteed by a Supreme Court ruling in the early 1990s. As long as an individual retains the capacity to make his/her own decisions, the individual is completely in charge. It is only when capacity is lost (such as

developing unconsciousness) that the advance directive comes into play.

There are a variety of advance directives available. One of the simplest forms as specified by the Florida legislature in Statute 765 as the definition of a living will. By identifying certain circumstances when a person cannot make his/her own decisions it allows someone to make decisions for the person. This person is generally referred to as a health care surrogate.

A health care surrogate is someone specifically selected by the patient to speak for them if the capacity to make decisions is lost. It is preferable that this person selected is very familiar with the individual making the living will so that decisions made for that person coincide with the wishes and values expressed by the individual. Your surrogate is obligated to follow your instructions when making decisions on your behalf. A family member or close personal friend would be best. It is implied in this description that the individual and surrogate have had specific conversations about how care should be delivered.

It is preferable that the surrogate sign an advance directive in the presence of two witnesses. Pursuant to section 765.302(1), Florida Statutes, at least one of the witnesses shall be neither the principal's spouse nor blood relative. It does not require a lawyer or notary public. However, it is also legally binding that any declaration made to another in the presence of witnesses suffices for an advance directive. This applies to the appointment of the surrogate as well. Most advance directives also ask for a substitute be identified in case the primary surrogate for some reason cannot fulfill the role. Both the Designation of Health Care Surrogate and the Living Will provide you the opportunity to state specific wishes about your medical care.

A health care proxy is the term used when no specific surrogate is identified. The Florida Statutes also specify who can serve in this capacity. The order is as follows: judicially appointed guardian, patient's spouse, adult child of the patient (or a majority of those available), a parent of the patient, an adult sibling of the patient, an adult relative of the patient, a close friend, or a licensed social worker. With the proxy having legal standing, it prevents a lot of conflicts when multiple family members and friends are involved.

Advance directives come in all sizes and degrees of complexity. Some are very simple, but these require more complex decision making. Others are extremely specific, but as a result many decisions are already made so that the surrogate must simply indicate the patient's choice. The proxy, on the other hand, has no specific guidance and must rely on his/her knowledge of the values, wishes, and beliefs of the patient. A number of different advance directives are available on the internet. Complete an advance directive to ensure your wishes are followed regarding whether to have your life prolonged by artificial means or procedures after the attending physician determines that you have a terminal condition, an end-stage condition, or are in a persistent vegetative state. It would be appropriate to provide a copy to your physician so that he or she is aware of your desires. *See Section V. for website links or VIII. for sample forms.*

NOTE: The concept of capacity

Decisional capacity indicates an individual's ability to understand, interpret, and accept or reject recommendations for medical care. This is essential in order to have fully informed consent. Informed consent includes an authorization by the patient that the recommendations have been agreed to and accepted. Individuals can lose capacity in a number of ways such as after a head injury, stroke, or any type of severe medical incident. Capacity can recover as a patient improves. When capacity for decision making is lost, the surrogate or proxy must then make the medical decisions. It is very important to know that declarations made in an advance directive/living will continue in full effect should an individual lose capacity due to severe dementia.

4. Right to Designate Cremation in Advance

This form is intended to insure that your wishes concerning cremation are carried out by your agent. *See Section V for website links or VIII for sample forms.*

C. Stewardship of Assets

The Hyde Park United Methodist Church Permanent Endowment Fund was established in 1995 to provide a medium through which church members could make permanent financial gifts to the church. These endowment gifts create a meaningful legacy and help support the future ministry of the church especially during difficult economic times. These gifts, which may be cash or

other assets, are used to maintain the facilities and special ministries of the church as specified by the donor. Because only the interest earnings are distributed for actual use, this ensures each gift will make a lasting contribution through the life of HPUMC. Gifts of any size are welcome and may be made to any of the established funds listed below. A new fund may be named in memory or in honor of a person with a contribution of \$50,000 or more. The existing funds are:

- General Fund- For ongoing ministry needs as determined by the elected leadership of the church
- Facilities & Houlihan Building Funds- For maintenance, care, improvement and construction of physical facilities, including furnishings or equipment and the purchase of additional property
- Scholarship Fund- For educational aid to members and friends of the congregation under guidelines established by the Charge Conference. Preexisting scholarship funds include:
 - Vee Choate Memorial Scholarship Fund
 - Jim Harnish Ministerial Scholarship Fund
 - Dorothy Ebersbach Scholarship Fund
 - Dorothy Ebersbach Ministerial Scholarship Fund
 - Totten Scholarship Fund
 - General Scholarship Fund
- Outreach and Mission Endowment Fund- Distributions from the fund shall be used for ministries beyond the local church in the community or the world missions of the church.
- Charlotte Nicholas Lehnherr Children's Ministry Fund- Distributions from the fund shall be used to provide support for our mission of "Making God's Love Real" in the lives of children in the congregation and the community around us.
- James L. and Martha S. Ferman Special Ministries Fund- Distributions from the fund shall be used to provide special ministries such as musical concerts, guest artists, lectures, or special programs that enhance and extend the ministry and mission of the church.
- Richard C. Langford Legacy Fund- Distributions from this fund shall be used for faith development in children, youth, and adults in the congregation.

- Hale Youth & Children Fund- Distributions from the fund shall provide financial support to youth and children's ministries of Hyde Park United Methodist
- George W. Gage III Chancel Choir Fund - Distributions of this fund are to be used to support the mission and ministry of the Chancel Choir.
- Sue's Sprouts Fund - Distributions from the fund shall be made to support and advance the education of elementary school children in need in the Tampa Bay area.

Specific legal wording for gifts to the Endowment Fund and Memorial Fund are as follows:

General Gifts: Unrestricted Gift

I give to the HYDE PARK UNITED METHODIST CHURCH, INC., 500 West Platt Street, Tampa, Florida 33606, Tax Identification Number 59-0714823, the sum of \$ _____, (or if property is devised, describe same) to be used for its general purposes.

General Gifts: Restricted Gift

I give to the HYDE PARK UNITED METHODIST CHURCH, INC., 500 West Platt Street, Tampa, Florida 33606, Tax Identification Number 59-0714823, the sum of \$ _____, (or property described) to be used for the specific purposes of _____. If in the opinion of the Board of Trustees or other appropriate body of the HYDE PARK UNITED METHODIST CHURCH, INC. the need for funds for the purpose described above no longer exists, the Board is authorized to use this gift for the general purposes of the church.

Gifts to the Endowment Fund: Unrestricted Gift

I give to the HYDE PARK UNITED METHODIST CHURCH, INC., 500 West Platt Street, Tampa, Florida 33606, Tax Identification Number 59-0714823, the sum of \$ _____ for deposit in the Permanent Endowment Fund with the net earned income there from to be used for the general purposes of said Church.

Gifts to the Endowment Fund: Restricted Gift

I give to the HYDE PARK UNITED METHODIST CHURCH, INC., 500 West Platt Street, Tampa, Florida 33606, Tax Identification Number 59-0714823, the sum of \$ _____, for placement in the Endowment Fund with the net earned income therefrom to be used for _____ (indicate which of the four endowment funds you wish to support: General; Facilities; Scholarship; or Outreach and Missions) endowment of the Permanent Endowment Fund.

III. PRE-PLANNING THE SERVICE

There are important decisions to be made. The first, a funeral or a memorial service? A funeral traditionally takes place within days of a death and includes the closed casket. A viewing, if desired, should be done at the funeral home prior to the service. A memorial service generally follows burial or cremation and can be held at a time when our widely dispersed families and friends can come together. For either service, the sanctuary or chapel at Hyde Park provides a worshipful setting. Your pastors are prepared to help in the decisions and arrangements that need to be made. Because the funeral or memorial service is a time of worship, we believe the church is the most appropriate place for the service to be held.

The church does not charge a fee for a funeral service; however, some people choose to make a contribution to the church. It is also customary for a financial honorarium to be given to the musicians or choir if they participate in the service. A reception may be arranged at the church following the service. To provide information in advance for the service, consider the following items and complete Section V. Information for Funeral/Memorial Service.

A. Veteran's Benefits

All honorably discharged veterans and their spouses are entitled to burial in a national cemetery. Benefits include the gravesite in any of our 120 national cemeteries (with available space), opening and closing of the grave, perpetual care, a Government headstone, a burial flag, and a Presidential Certificate, at no cost to the family. Cremated remains are buried in national cemeteries in like manner with the same honors as casketed remains. There are two National Cemeteries in our area, Bay Pines (727.398.9426) which offers limited space and Bushnell, Florida (352.793.7740).

A funeral honors ceremony can also be provided at the church service or graveside, whichever the family specifies. The core elements include the flag folding, flag presentation and the playing of Taps. To arrange this ceremony, please call the Hyde Park VFW Post at 813.254.2011 and ask for the presiding commander. They, in conjunction with the American Legion, will assist you in arranging an honors ceremony.

To confirm eligibility or for more information call:

Department of Veterans Affairs 1.800.827.1000

On the worldwide web, reference:

<http://www.va.gov>

B. Funeral Homes

Funeral homes provide important services at a critical time. They are very willing to assist with preplanning (or arranging a prepaid funeral if that is requested) and must by law provide the price of each service they offer. They make arrangements for cremations or burials and for embalming if necessary. They secure the death certificates along with the many copies the executor(s) will need. They will handle the obituary for the newspapers. Funeral homes have facilities for visitation prior to the funeral and a chapel for the funeral or memorial service if this is preferred to a church. They can arrange transportation to the cemetery. Thought through calmly in advance, needless expense may be avoided.

1. Cremation

Cremation is in keeping with the Church's teaching about death. Cremated remains may be interred in a cemetery, scattered at a cherished site, or interred in the HPUM Memorial Garden. The service can be held either before or after the burial of the ashes.

2. Burial

It is important to decide on a burial site in advance. Even though some rural or church cemeteries do not charge for a plot, spaces must be reserved. Most cemetery plots must be purchased and it is very

difficult for a family in mourning to make that decision. Cemeteries require full payment to be made before burial.

Hyde Park UM was the recipient of a number of cemetery plots that may be used for a donation to the Endowment Fund. For information, contact the Church Business Administrator. The graveside service is usually attended by family and close friends and includes appropriate scripture and liturgy by the pastor.

3. Interment in the Memorial Garden

As a direct extension of our life together in the church family, the Memorial Garden is available for members of Hyde Park United Methodist Church and their immediate family. The interment may occur prior to the service in the sanctuary, immediately following the service, or at a time selected by the family in consultation with the pastor. The family makes a donation of \$250 to cover the cost of the bronze plaque that is placed on the sanctuary wall. The name plaques contain the full name, date of birth and date of death. They are all the same design, bearing witness to our common place in the family of God. The Altar Guild provides a vase where individual roses may be placed in memory of a loved one. The rose is placed there on Sunday and the name of the person being remembered is listed in the worship bulletin. Artificial flowers may not be placed in the garden. Donations are also accepted for the ongoing maintenance and care of the garden.

Any member of Hyde Park United Methodist may make prior arrangements for interment in the Memorial Garden through the Church Business Administrator.

C. Memorial Gift vs. Flowers

Many grieving families today prefer a donation of enduring remembrance in lieu of flowers. Contributions to the Endowment Fund provide a permanent gift to the church that will help support the future ministry of the church community. Donations may be made for the ongoing maintenance of the Memorial Garden, facilities or earmarked for scholarship, missions and outreach.

IV. CARE AT THE END OF LIFE

A. Preparing for Care at the End of Life

Historically, dying was a community event. Prior to the 1960s, a critical diagnosis meant that death would soon follow. With the advent of modern tools of resuscitation in the 1960s, it was suddenly possible to support a patient who would have otherwise died quickly. Although often dramatic, the same technology lead to profound dilemmas: when was someone actually dead? The development of the heart transplantation era brought this subject to the forefront of medicine and society. As a consequence of these multiple interrelating factors, there is a need for simple guidelines for people to avoid unnecessary and complicated decisions that are far too common at the end of life.

How does one prepare for one's own dying? Many people hope for a sudden death that precludes pain and suffering. Although this may appear desirable on first glance, there are real problems when this occurs. For too many people advance planning has not occurred and all the legal and financial documents have not been completed and compiled. By the same token, it is equally important to have planning for the physical and spiritual end of life.

There is no such thing as a "good death" in the sense that the concept is an oxymoron. Death is the irretrievable loss of an earthly existence. What is achievable is a way to manage the end of life in such a way that suffering is kept at a minimum through active planning. In that way, the person's spiritual and physical wishes can be met regarding end of life.

Advance care planning is the process by which individuals and families take an active role in anticipating the events surrounding of the end of life. In this section, the emphasis is on the treatment and care of people in the last days, weeks, and months of life. There are decisions about where care might be delivered and who would be involved in making decisions should an individual lose the capacity to makes his/her own decisions. This requires making a list of a patient's wishes, values, and beliefs.

B. The Conversation

The cornerstone of advance care planning can only be laid atop generous conversations between the individual and others. Talking about end of life plans is no simple matter, since it is clearly the American tendency to even

deny that death exists. Opening this difficult topic is no small challenge, but every bit of discussion combines with what was said before and what comes later.

One of the effective ways of opening the conversation is when it takes place around the dinner table. Although the topic is touchy, the holiday season offers many advantages since this is one time during the year that the extended family is often together. Several generations sitting around a common table at times like Thanksgiving provides multiple inputs to this difficult subject.

Young people will find the subject discordant with their place in life. In order to engage them in the conversation, it is wise to point out that some of the laws that allow advanced directives were passed after Supreme Court rulings following the deaths of several women under the age of 30. Although an advance directive is unlikely to be needed for people under 30, it often requires some prodding by the young to get the parents to complete their advance care planning. This is another virtue of having multiple generations discussing the topic at the same time.

It should never be assumed that “the conversation” ends with the completion of an advance directive. The subject should be returned to on a regular basis since wishes, values, and attitudes change over time.

C. Negotiating the Hospital Environment

The hospital environment is a foreign one to most people. Even if one is medically well educated, when it comes to a loved one being ill it takes on an entirely different appearance. Since so many primary physicians no longer go to hospitals, there is often a “hospitalist” in charge of coordinating care. It is important to identify this person and establish effective communication. The primary physician or hospitalist will request consultations with specialists, and it’s important to have a running list of those names and specialties. This is particularly important when severe illness is present as there can often be competing recommendations.

It is the duty of the medical staff to effectively communicate with families. If communication is believed to be inadequate, a supervisor should be identified and requests made to remedy the situation. If the process still proves unsatisfactory, it may be extremely helpful to have a consultation with a palliative care specialist.

D. Role of palliative care

Palliative care as a specialty in medicine is quite new and not recognized by the American Board of Medical Specialists as a true specialty in the US until 2007. Palliative care is appropriate whenever a serious disease process is identified, whether that be cancer, heart disease, or other life-threatening illness. It is often said that palliative care “provides an additional layer of support” for patients and families throughout the course of the patient’s illness.

In respect to the difficulty of the hospital environment, one of the main benefits of palliative care is arranging family meetings. The palliative care specialist brings together all the major providers in a given case along with nurses, social workers, pharmacists, and chaplains who are involved in a patient’s care. In this way, all voices are given the opportunity to be heard and thereby come to the best possible plan for the patient’s care. Also the most effective and complete communication can occur between hospital staff and the patient and family.

The palliative care specialist is particular expert at managing certain very distressing symptoms. In particular, pain management is a difficult problem that can be best managed by a team that regularly deals with these symptoms. Severe pain is not a symptom in which most general physicians have had extensive training. The varied medications and procedures for treating severe pain are common in palliative medicine.

Another very important function of palliative medicine is helping family and other physicians when the disease process transitions from being something that can be resolved to something that requires a completely different approach. Common examples are patients with severe head injuries (either traumatic or hemorrhage/stroke), extensive cancer unresponsive to multiple courses of chemotherapy, or progression of dementia. In these cases, using very careful and empathetic language, families can come to grips with the realization that care should be transitioned from aggressive curative care to comfort care. These are not easy conversations and usually take place over a series of days or even weeks.

E. Role of hospice care

When the decision is made to transition from aggressive care to comfort care, it very often means that the patient is approaching the end of life. Hospice care is for patients who have far advanced disease and have a condition that if the disease follows the expected course over time that death will occur within 6 months. Patients who meet these criteria are eligible for the hospice benefit under Medicare. Over 90 % of patients cared for in hospice are covered by Medicare. A small fraction is younger and have a hospice benefit through private insurance. Some hospice organizations, such as LifePath in Hillsborough County, provide hospice services to all comers regardless of the ability to pay and provide quality palliative care to those facing life-limiting illness and end-of-life issues. These services are available to anyone residing in Hillsborough, Polk, Hardee or Highlands counties and extend to the patient, their family and the community. Care can take place in the home, assisted living facilities, in nursing homes, in the hospital or in a hospice house when symptoms cannot be controlled in the home or facility. The hospice team includes the patient's personal physician, Hospice physician, nurses, pharmacists, home health aides, social workers, chaplains, trained volunteers and specialized therapists, if needed. All hospice physicians are also palliative care physicians. Some people misunderstand that the same palliative services that are available in hospitals are also offered in hospice. Attention is paid to the many psychological, social, and spiritual issues present as end of life approaches, thus providing true holistic care.

For further information or help call:
LifePath Hospice at (813)877.2200
1.800.209.2200

On the worldwide web, reference:
<http://www.Lifepath-hospice.org>

F. Spiritual care at end of life

The above explanations are almost exclusively medical. Spiritual issues, on the other hand, are common and even supersede the medical in importance. In fact, Dr. Richard Payne at Duke University has said that “dying is a spiritual process with medical implications”. Dr. Payne is correct when he posits that the spiritual aspect actually precedes the medical in order of importance. Although all of the information contained in this booklet will be of value in making the types of preparations needed to ensure a trouble-free experience

for all concerned, attention should also be directed to considering those final important spiritual issues that are prominent as life reaches its final phase.

What are those critical concerns that patients face at end of life? First and foremost, for many patients it is the desire to be pain-free. This can almost always be achieved provided good palliative care is present. Beyond this research has shown that the most important second issue is for people to be at peace. It is valuable to consider what peace might look like and ways that family and friends might contribute to comfort at end of life.

It has been found that patients are most concerned about three additional issues at end of life: values, meaning, and relationships. For values, there is a concern about whether or not the life lived has been of value. Has the person been loved? Will the person be remembered when gone? Will his/her presence in the world have left it in a better place? Will anything of value about the person persist after death?

People are also very concerned about meaning. Patients wonder whether this life lived has had meaning? Has there been any meaning in the suffering that's been endured? Will any meaning of this life of living and dying that will persist beyond the moment of death?

And finally, people are very concerned about relationships. More than almost anything else in life, relationships with others defines much about what makes life worth living. Patients wonder as the body breaks and folds if those personal relationships will withstand the insults? Who are those people whom I have loved and cherished? Can I be reconciled with those I have wronged and with those who have wronged me? Will my relationships persist beyond the grave?

V. GLOSSARY OF TERMS

Advance care planning

This is the process of planning how one would wish to be cared for in the event that the ability to make decisions (decisional capacity) is lost. Considerations should be given to where one would want to be cared for and who would be the decision maker. This requires a conversation that identifies one's wishes, values, preferences, and expressed decisions for how one would want to be cared for when unable to speak for himself/herself.

Advance directives

Living will

This is a written document that specifies certain ways the individual would want to be care for in the event he/she could not speak for himself/herself. This document could range from the very general to the very specific. There could be instructions about the use of antibiotics, hydration, feeding, or other forms of advanced technologic care. If the attending physician indicates that the disease process is incurable, irreversible, and terminal, instructions can be included directing the discontinuation of all death-delaying forms of treatment.

Internet sites for advance directives:

5 wishes: <https://www.agingwithdignity.org/five-wishes>

Henry Ford Hospital System:

<http://www.henryford.com/documents/Advance%20Care%20Planning/Advance%20Directives%20and%20Durable%20Power%20of%20Attorney%20for%20Health%20Care.pdf>

Project Grade: <http://www.empathchoicesforcare.org/Print-a-Directive/Choices-for-Care-Appointment-of-Healthcare-Surrogate>

POLST (physician specific form not yet adopted by Florida legislature): <http://polst.org/advance-care-planning/polst-and-advance-directives/>

Durable power of attorney

This is a legal document that allows an individual to make bank transactions, pay bills, and apply for social security for someone who has lost the ability to make her/his own decisions. The person having a durable power of attorney may or may not be the same person who serves as the health care surrogate.

Health care proxy

This is a legal document that designates an individual to make health care decisions for a person who has lost the capacity to make his/her own medical decisions. The proxy would make decisions for the person based on the understanding of the person's expressed wishes and values as well as other decisions

that would be consistent with knowledge of the person's past remarks and actions.

Artificial nutrition and hydration

Clinically assisted nutrition can be provided by nasogastric tube or a percutaneous endoscopic gastrostomy (PEG) tube. Clinically assisted hydration provides fluid administration via the intravenous or subcutaneous route or delivered through a nasogastric tube or PEG.

Best practices

The most efficient or prudent actions should be followed. At times, based on circumstances, making the best decision may run counter to these guidelines.

CPR (cardiopulmonary resuscitation)

This is an emergency procedure utilized when someone suddenly collapses or is found without evidence of breathing or a heartbeat. The process involves breathing for the patient and compression of the chest to promote blood circulation. It may also involve the use of electric shock, drugs, or insertion of a breathing tube into the trachea. The success of the procedure varies based on the context. A young person who is witnessed collapsing will have successful CPR well over half the time. On the other hand, a patient who has CPR in the hospital with a diagnosis of cancer has a chance of meaningful survival of well less than 10%.

DNR

Do Not Resuscitate is a decision made by the patient or proxy not to institute lifesaving procedures in the event of a cardiac arrest. This requires the use of a state-specific form that must be with the individual should paramedics come to the home or an event occurs within a hospital. Physicians are required by law to honor this type of directive.

Futility of care

There often comes a point during the course of illness where all usual forms of intervention have been applied without success. This is particularly true in instances of multi-organ failure and when brain death has occurred. The latter is a concept that developed in the late 1960s to address the issues of harvesting organs for organ transplantation. Specifying that death has in fact occurred is more complex than might occur at first blush. This can be easily seen in a

patient who has sustained profound brain damage and has lost all normal reflexes including the inability to breathe spontaneously. When these specific neurological criteria have been satisfied, there has never been a case in which the patient recovered consciousness.

If and when a patient is determined to be “brain dead”, further attempts to intervene are for all intents and purposes futile. This is a particularly vexing problem for physicians and staff when families request additional interventions in the face of no likelihood of benefit.

Heroic or extraordinary care

These are emergency interventions intended to save a life and restore health, but in the context of far advanced disease would serve only to delay the dying process. Such processes are identified by the patient in collaboration with the physician to prevent unnecessary and undesired procedures.

Hospice

This is an organized interdisciplinary model of care that primarily addresses symptom management in patients who have elected to forego aggressive hospital care in lieu of comfort care. Patients are eligible for hospice services when a medical diagnosis is made associated with an expected life expectancy of less than 6 months. The focus is to control disturbing symptoms in order for the patient to maximize quality of life in whatever length of life remains. Hospice services are provided in the home, nursing home, ALF, or in an inpatient hospice facility.

Life support

This refers to forms of therapy or devices that serve to support a failing bodily system. Examples would include CPR, mechanical ventilation, circulatory support with drugs or devices, pacemakers, defibrillators, feeding tubes, and dialysis.

Palliative care

This refers to a holistic form of care for patients with advanced illness. Palliative care is not disease specific but rather can be instituted at any point in a patient's illness. The primary focus is on pain and other disturbing symptoms, but also provides psychological, social, and spiritual care for both patients and families. Palliative care is not the same as hospice care. Although all patients in hospice receive palliative

care, there are many patients not enrolled in hospice that receive palliative care.

VI. INFORMATION FOR FUNERAL/MEMORIAL SERVICE

Completed on _____

Updated on _____

A. Personal Information

The following section will serve as a guide to help you as you record the important facts of your life and set down your wishes for your funeral and disposition of treasured possessions. Feel free to append additional pages.

Name _____ SS # _____

Address _____ Telephone # _____

City _____ State _____ Zip Code _____

Married _____ Single _____ Widowed _____ Divorced _____

Place of Birth _____

Date of Birth _____ Location of Birth Certificate _____

Spouse _____ Date of Wedding _____

Location of Wedding License _____

Father's Name _____ Birthplace _____ Date _____

Mother's Name _____ Birthplace _____ Date _____

High School Attended _____ City/State _____

College/University Attended – Undergraduate _____

Year of Graduation _____ Degree _____

College/University Attended – Graduate _____

Year of Graduation _____ Degree _____

Additional Studies _____

B. Work History

Occupation _____

Date and Place of Retirement _____

Most Recent Employer _____

Person to Contact _____ Telephone # _____

Type of Business _____ How Long Employed _____

Completed on _____

Updated on _____

Previous Employer _____

Person to Contact _____ Telephone # _____

Type of Business _____ How Long Employed _____

Additional Information _____

C. Military Service

Branch of Service _____ Serial # _____

Date Entered _____ Place _____

Date of Discharge _____ Place _____

Highest Grade Rank or Rating Attained _____

Location of Discharge Papers _____

Do you desire a flag at your funeral service? Yes ____ No ____

Wars/conflicts served _____

Additional Information _____

D. Honors Received - Professional, Community, Military Service, Other

Describe any honors you received

Membership in the following organizations – Name of person to notify and
telephone #

Completed on _____

Updated on _____

E. Family Information

Parents _____

Spouse _____

Children (Please specify son or daughter)

1. Name & Name of Spouse _____

Address _____

Phone and Email _____

2. Name & Name of Spouse _____

Address _____

Phone and Email _____

3. Name & Name of Spouse _____

Address _____

Phone and Email _____

4. Name & Name of Spouse _____

Address _____

Phone and Email _____

5. Name & Name of Spouse _____

Address _____

Phone and Email _____

6. Name & Name of Spouse _____

Address _____

Phone and Email _____

7. Name & Name of Spouse _____

Address _____

Phone and Email _____

8. Name & Name of Spouse _____

Address _____

Phone and Email _____

Completed on _____

Updated on _____

Grandchildren (Please specify grandsons & granddaughters)

1. Name & Name of Spouse _____

Phone and Email _____

2. Name & Name of Spouse _____

Phone and Email _____

3. Name & Name of Spouse _____

Phone and Email _____

4. Name & Name of Spouse _____

Phone and Email _____

5. Name & Name of Spouse _____

Phone and Email _____

6. Name & Name of Spouse _____

Great Grandchildren:

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Brothers

1. Name & Name of Spouse _____

Phone and Email _____

2. Name & Name of Spouse _____

Phone and Email _____

3. Name & Name of Spouse _____

Phone and Email _____

Completed on _____

Updated on _____

Sisters

1. Name & Name of Spouse _____

Phone and Email _____

2. Name & Name of Spouse _____

Phone and Email _____

3. Name & Name of Spouse _____

Phone and Email _____

Additional Relatives

Funeral/Memorial Service Instructions

Official arrangements have been made through: _____

Location of Documents _____

If none, preferred funeral home _____

Do you desire a "Visitation" prior to the funeral: Yes ___ No ___ No Opinion ___

Do you desire the casket open for viewing: Yes___ No___ No Opinion _____

If yes, for whom? Family _____ Anyone _____ No Opinion _____

Specific instructions regarding clothing & jewelry to be worn, eyeglasses on

Or off, and any other details.

Completed on _____

Updated on _____

Service Location:

Hyde Park UMC _____ Graveside, public _____ Graveside, private _____

Funeral Home _____ Other _____

Minister Preference _____

Other Speakers _____

Music:

Organ _____ Vocalist _____ Choir _____ No Music _____

Other Instrument _____ Congregation Singing _____

Organist/Vocalist/Musicians Preferred _____

Favorite Hymns _____

Favorite Scriptures _____

Favorite Poems/Readings _____

Any Additional Plans for service _____

G. Memorial Gifts

Make memorial to the HPUMC Endowment Fund in lieu of flowers (please specify scholarship, outreach and mission, or facilities fund if desired, see page 7-9 of this booklet for details or contact the financial secretary): _____

Other wishes: _____

Completed on _____

Updated on _____

H. Notifications

Published Obituary: Yes ____ No ____

Papers to Notify: _____

Space for writing your own obituary if desired

Please notify these individuals

Name _____ Address _____

_____ Email _____

Telephone # _____ Connection _____

Name _____ Address _____

_____ Email _____

Telephone # _____ Connection _____

Name _____ Address _____

_____ Email _____

Telephone # _____ Connection _____

Name _____ Address _____

_____ Email _____

Telephone # _____ Connection _____

_____ Email _____

Completed on _____

Updated on _____

I. Burial Instructions

Disposition of the body: Burial _____ Cremation _____

If organs are to be donated, give details of your desires and who you have contacted to receive them.

Have you completed a Donor Card? Yes ____ No ____

Where is this document kept? _____

Be sure your family understands your wishes and is willing to fulfill them.

If body is to be buried, give details of your desires for burial:

If the body is to be cremated, give details of your desires for the disposition of the "cremains."

Cemetery _____

Hyde Park Memorial Garden _____

Scattered _____ Location _____

If body is to be buried, give details of your desires for burial.

Burial Plot _____ Crypt _____ Mausoleum _____

Own Lots/Spaces? Yes ____ No ____ If yes, at? _____

Cemetery _____ Telephone # _____

Brief description of space owned _____

Location of deed (should not be in safety deposit box) _____

Preferred type of grave marker (If already purchased, give information regarding it)

Preferred inscription _____

Pallbearers

	Name	Address	Telephone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

Additional Notes:

Completed on _____

Updated on _____

VII. LEGAL & FINANCIAL INFORMATION LIST FOR FAMILY

The information on the following pages is sensitive and therefore must be secured, but not in your safe deposit box as your family needs to access it immediately after your death.

A. Legal Information

Is there a will? Yes ____ No ____ Date of Will: _____

Location of original _____

Executor _____ Telephone # _____

Contingent Executor _____ Telephone # _____

Attorney _____ Telephone # _____

City/State/Zip Code _____

Is there a Living Will (Directive to Physicians)? Yes ____ No ____

Living Will location _____

(Give your doctor a copy and keep a copy at home in case of emergency)

Is there a Designation of Health Care Surrogate? Yes ____ No ____

held by _____ Telephone # _____

Document location _____

Durable Power of Attorney? Yes ____ No ____

Held by _____ Telephone # _____

Document location _____

B. Security

Safety Deposit Box No. ____ Name of Institution _____

Address _____

Telephone # _____ Location of key: _____

Other Information _____

A second person, relative or friend, should be authorized to have access to the box.

Completed on _____

Updated on _____

User IDs and passwords for online accounts

Website and

Passwords _____

C. Financial Information

Banking

List below the bank name, branch, telephone number, type of account, account number and the name of a bank officer if one knows you by name. Do this for every bank savings, certificate of deposit, checking or other account that you have. A second person, relative or friend, should be authorized with the bank, to be able to use the account.

Location of Supporting Documents _____

Accountant _____ Telephone # _____

Address: City/State/Zip Code _____

Location of tax records for past 3 years _____

Completed on _____
Updated on _____

Pensions, IRAs, 401 Ks, Annuities

List below the description and document location for accounts that are in your name.

Insurance

List the insurance company, agent, and telephone number, type of account, account number and value for all life, health and disability policies and long term care. Include any policies related to on the job injuries.

Location of supporting documents

Stocks, Bonds, Mutual Funds and Investments

List the fund name, account number, broker address and telephone number for all investments.

Interests in Private Business

Completed on _____

Updated on _____

Property

List the description and deed or title location for all real estate, mineral interests, automobiles, boats and other items that bear your name.

Debts

List below all credit cards and open accounts that need to be cancelled or have your name removed upon disability or death. Also, list any outstanding loans including those you have guaranteed. Include account numbers and pertinent telephone numbers as well as the location of documentation.

Social Media

Login and Passwords

Completed on _____
Updated on _____

Special Property Disposition – My “Special” Possessions

Everyone has special possessions that they wish to go to specific people. Look around your home and specify who (family, friend, institution) should receive the items that are important to you. This list can help avoid any misunderstandings and preserve family harmony, but remember it is not legally binding. It is only a statement of your wishes. If you have items that are especially valuable, they can be included in your will as “A Separate Writing”. This Separate Writing may be updated from time to time without visiting your attorney to update your will.

Some items you may want to consider are: the family china, silver service, favorite paintings or art work; photo albums, jewelry, quilts, medals, etc.

Special Property Disposition – Collections & Libraries

Some people have collections that are of special interest to them, but not to their heirs. The heirs may not know the best way to liquidate these collections for maximum benefit to the estate. Please list what collections you have and what you want done with those collections if the family does not want them. You may want to donate them to a college, university, or another individual. If you wish them to be sold, who would you trust to handle the sale? Is there some periodical that could serve as a pricing guide? Are there any dealers or consignment shops that deal specifically in that item?

VIII. SAMPLE LEGAL FORMS

DESIGNATION OF HEALTH CARE SURROGATE

Name: _____

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for healthcare decisions:

Name: _____

Address: _____

Phone: _____

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name: _____

Address: _____

Phone: _____

I fully understand that this designation will permit my designee to make health care decisions, except for anatomical gifts, unless I have executed an anatomical gift declaration pursuant to law, and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional Instructions:

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so that they may know who my surrogate is.

Name: _____

Name: _____

Signed: _____

Date: _____

Witness #1: _____

Witness #2: _____

LIVING WILL

Declaration made this ____ day of 20 ____, I, _____, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated and

(initial) _____ I have a terminal condition

or (initial) _____ I have an end-stage condition

or (initial) _____ I am in a persistent vegetative state

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong procedures would serve only to prolong artificially the process of dying, and that I may be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequence of such refusal.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: _____

Address: _____

Phone: _____

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional instructions:

(signed)

Witness #1

Address

Phone

Witness #2

Address

Phone

UNIFORM DONOR CARD

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) _____ any needed organs or parts;

(b) _____ only the following organs or parts (specify the organ or parts)

For the purpose of transplantation, therapy, medical research, or education;

(c) _____ my body for anatomical study if needed. Limitations or special wishes, if any applicable:

Signed by the donor and the following witnesses in the presence of each other:

(Signature of donor) (date of birth of donor)

(date signed) (city and state)

Witness #1

Address

Witness #2

Address

**Note: this information is best on your Driver's License- at the scene of an accident can make choice to preserve body.*

RIGHT TO DESIGNATE CREMATION IN ADVANCE

Pursuant to Florida Statute Section 732.804, the undersigned hereby requires that cremation be used as my choice of burial procedure.

Signed

Print Name

THE STATE OF FLORIDA
COUNTY OF _____

This instrument was acknowledged before me on the _____ day of _____, 20____, personally appeared _____, Who is known to be the person who is described in and who executed, the foregoing instrument, and such a person duly acknowledged the execution thereof to be such person's free and voluntary act for the uses and purposes therein mentioned. He/she is personally known to me (or produced _____ as identification.)

Witness my hand and official seal this day and year first above written.
(SEAL)

Notary Public, State of Florida

Printed Name

Commission No. _____

My Commission Expires _____