

The Passage of Life

Louis Brier Home
and Hospital



*To be what we are, and to become what we are capable of becoming, is the only end of life. **Robert Louis Stevenson***

*I wanted a perfect ending. Now I've learned,
the hard way, that some poems don't rhyme,
and some stories don't have a clear
beginning, middle and end. **Gilda Radner***

*Our death is not an end if we can live on in our children and the younger generation. For they are us; our bodies are only wilted leaves on the tree of life. **Albert Einstein***

*You matter because you are you, and
you matter to the end of your life. We
will do all we can not only to help you
die peacefully, but also to live until you
die. **Cicely Saunders***

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INTRODUCTION

Louis Brier Home and Hospital is a long term care facility and many of our residents live out their last days here. We recognize that this may be the last home that our residents know and we must care for them in the most sacred of times in their lives. We must also prepare the resident and the family (or surrogate decision maker) for the future even upon beginning their stay. Palliative care, or care which seeks to provide comfort, kindness, and quality of life even when no cure for one's ailment is in sight, is a significant part of what we provide at Louis Brier.

As one's end of life becomes closer, the care staff at Louis Brier come together to provide support to both the resident and the resident's family. The nursing staff, social workers, spiritual care chaplain, physician, and facilities staff mobilize to ensure that a) the resident is comfortable, b) the appropriate medical orders are carried out, c) the family is notified and provided visitation, d) the resident and resident's family's faith tradition is respected, and e) the logistics of what might transpire are explained and planned. Emotional and spiritual support is available for

the resident and the family and communication is paramount.

The death of a resident can be difficult, even when it is expected. Early preparation, even upon admission to the facility, reduces the trauma that may accompany the loss of a loved one. This includes having plans for the medical orders, knowing the religious and other wishes of the resident, preparing for the movement of treasured belongings, and addressing the funeral and burial requirements. A detailed “end of life protocol” is followed to ensure a complete consideration for every step of the way.

This booklet is designed to answer some of the questions the family might have and prepare you for the journey ahead.



ADDRESSING THE FUTURE

We all know that death will come to every person, but it is difficult to contemplate the loss of a loved one. It is rarely accepted easily when it comes, but knowing that you have a team of caring and competent professionals guiding your loved one and you can make it peaceful and respectful. We address the issue of death up front so that everyone can be prepared when it occurs. This booklet is intended to help, both at the beginning of a loved one's stay, and at the end.

Communication between residents, staff and families is vital for the continued quality of life and care of every resident. A resident, or the family, may not be ready to engage in a conversation about the end of life. This Handbook, and the staff at Louis Brier, are available to answer questions whenever the time is right for the resident and family.

Questions will arise which are not covered and there are people you can call for answers:

Spiritual Care – Chaplain	604-267-4661
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Social Work – Social Workers	604-267-4744
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Nursing – Clinical Nurse Leaders 604-267- 4767

Management – Executive Director 604-267- 4778

OTHER DOCUMENTS TO VIEW....

This Handbook is not a comprehensive guide to the care of the person reaching their end of life. Rather, it is meant to be a guide for residents and families navigating this difficult journey. For more detailed information regarding protocols and policies, you may request viewing “Care of the Deceased,” “Nursing Standard Operating Procedures,” and the “End of Life Protocol.”



BASIC PRINCIPLES OF THE JEWISH HOME

Louis Brier Home and Hospital/Weinberg Residence is a Jewish Home for the Aged. The traditional Jewish character of the facility is maintained by the observance of the laws, rituals, and customs of Judaism, but many of the residents are not Jewish.

How, then, can it be called a Jewish Home?

The essence of the care is based on Jewish Values. First and foremost, human life is paramount. As we are all creations of one Creator, we are all sacred. Virtually everything must be done in order to save a life, and nothing should be done to hasten death. And, since Judaism values life, the focus is on improving the quality of life here and now rather than looking towards an afterlife (although for some, that certainly may be important).

Judaism values science and medical care. The importance of the physician and medicine based on science rather

God Gives and God Takes by Rabbi Allen S. Maller

God gives opportunities for us to love but not forever.

God takes opportunities away after a while.

So don't hesitate or delay or curse the darkness while remaining mired in sadness and hopelessness, because God gives; and God takes away.

Blessed be the name of the LORD.

But why bless the LORD when God takes away?

Because if the opportunities were always there, we would wait until the time was just right and never make the leap, and more of life would slip away.

So God gives and God takes; Blessed be God's name.

than superstition has been part of Jewish ethics for thousands of years. In Judaism, there is no value in pain or suffering. While death must not be hastened, palliative care and the relief from pain is extremely important.

Judaism is a religion of community and family and therefore LBHH cares for the resident and the resident's family spiritually and emotionally. Part of recognizing community is valuing the support that everyone gives through tzedakah (charity) and volunteerism. The home is not separate from the larger community, it is part of it.

Honoring people also means valuing memory, and Jewish values include remembering those who have passed away. Even the concept of confidentiality - avoiding gossip and talk of others - is part of Judaism. Once again, it is an outgrowth of the respect for each individual.

Honoring and respecting each individual means that the faith tradition of the individual is respected. The faith requirements of the individual are accommodated as much as possible, within the basic values of the home.



SUPPORT FOR FAMILIES

The families of residents at Louis Brier are part of the community that we value. The process of dying and death is shared in different ways by all members of the family. There is support for the family members dealing with “end of life,” both for logistical issues and emotional needs. In many cases, the best support is simply to know the resources to get information.

INFORMATION SOURCES

This handbook and the Residents Handbook provide detailed information regarding the Louis Brier Home and Hospital. There is some information about death and dying, but you may have specific questions or you may want to delve more deeply into the physical, emotional, and spiritual aspects of the end of life. A number of useful references can be found in pages 13-15.

EMOTIONAL SUPPORT

What type of grieving support is available?

The Chaplain and Social Worker are available on site for any family members in need of support in their grief. They can also recommend counseling services available through Vancouver Coastal Health and BC Medical Services.

Is there any information I can read to help me in this process?

Yes, the Chaplain and Social worker can provide pamphlets and references to guide you in your bereavement.

SERVICES AND ORGANIZATIONS

There are numerous organizations which offer support for families dealing with the challenges of the end of life. Some offer help with the care of the dying family member, and some focus on helping the family cope with the loss of a loved one.

Jewish Hospice Volunteers

Are recruited by the National Council of Jewish Women to visit, on request, with Jewish patients and their families. In addition to the required Hospice training these volunteers have also received instruction in Jewish values and beliefs related to death and dying.

Call: Coordinator of Volunteers
Vancouver Health Department
Hospice Program
604-734-4373 or 604-734-1661

BC Bereavement Helpline

A non-profit, free, and confidential service that connects the public to grief support services within the province of BC. Your call is free, confidential, and anonymous. We will help you find the most appropriate support for your specific type of loss.

Call: 604-738-9950

E-mail: contact@bcbh.ca

Toll-Free: 1-877-779-2223 M-F
9AM-5PM

contact@bcbh.ca

Crisis Centre BC

Distress Line Numbers
Greater Vancouver: 604-872-3311
Toll Free: 1-866-661-3311
TTY: 1-866-872-0113

Senior's Distress: 604-872-1234
1-800-SUICIDE: 1-800-784-2433

Bereavement Walking Program

It is a time to walk and talk with others who are grieving 604-731-8643
(Sharon) 604-731-7805

(Sue) Bereavement walking provides an opportunity to gather with other Vancouver residents who have lost a loved one and are experiencing grief. Groups run for 8 weeks in the spring, fall, and winter and offer a supportive space to walk, talk, and share, while receiving fresh air and gentle exercise.

Jewish Family Service

Counselling, supportive, and information/referral services to individuals and families.

Call: 604-257-5151

Caregiver Support: Home and
Community Care

Supports the emotional and physical demands of caregivers. Caregiver support provides caregivers a break from the emotional and physical demands of caring for a friend or relative.

Provincial toll-free number: 604-310-6789

Seniors Distress Line: 604-872-1234

Health and seniors' information line: 1-800-465-4911

Alzheimer Society of British Columbia

Organization that supports support connects people living with dementia and their care givers to support services, education and information as early as possible after diagnosis and throughout the progression of the disease.

Phone: 604-681-6530

E-mail: info@alzheimerbc.org

Additional Community Resources can be found at:

<https://www.gvcss.bc.ca/communityresources.htm>

Parkinson Society British Columbia

“We believe that every person touched by Parkinson's deserves to know that they are not alone in their journey. We are here for you. Our friendly and knowledgeable staff is committed to offering support, sharing reliable information, and raising funds for programs and research.”

600 - 890 West Pender Street

Vancouver, BC Canada

V6C 1J9

Phone: 604-662-3240

(Staff extensions listed here)

Toll Free: 1-800-668-3330

Fax: 604-687-1327

<https://www.parkinson.bc.ca/about-us/contact-us/>

BC After Death Checklist

https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/after-death/after_death_checklist.pdf

Natural death: Practical information for this phase of life

<https://news.sanfordhealth.org/hospice/information-about-hospice-and-natural-death/>

Lower Mainland Grief Recovery Society

The LMGRS is a non-profit registered charitable organization that has been organizing grief support groups in the greater Vancouver area since it was incorporated in 1990. These programs are offered in the communities of Kerrisdale/West Side and Downtown Vancouver.

Our programs are designed for those who have suffered the death of a significant person by helping them understand, cope and live with their loss. We help the grieving person move from pain to healing in a non-judgemental, compassionate and confidential environment.

Phone: 604-696-1060

lmgr@lmgr.ca

FAMILY SERVICES OF GREATER VANCOUVER

A non-profit organization offering counselling services to families and

children; couples and individuals. A sliding fee scale. Waiting list.

<http://www.fsgv.ca/>

Vancouver: 604-731-4951

North Shore: 604-988-5281

THE MEMORIAL SOCIETY OF B.C.

The Memorial Society of British Columbia® (MSBC) is a non-profit organization formed in 1956. We are a completely objective source of education and information regarding the planning of funeral services. We are not a funeral home.

<https://memorialsocietybc.org/>

For Grief and Bereavement:

On Grief and Grieving: Finding the Meaning of Grief through the Five stages of Loss, Elisabeth Kubler-Ross and David Kessler, Scribner, NY. 2004

Loss, Change and Bereavement in Palliative Care. Pam Firth, Gill Luff, and David Oliviere. Open University Press, Berkshire, England, 2005.

The Jewish Way in Death and Mourning Maurice Lamm. Jonathan David Publishers. New York. 1969.

A Time to Mourn, A Time to Comfort. Dr. Ron Wolfson. Jewish Lights. Woodstock. 2008

FINANCIAL SUPPORT/ISSUES/CHECKLIST

The financial and logistical issues facing the family of one who is dying can be overwhelming. Some of the issues can be made much more manageable with early planning.

Prior to, and after the passing of a loved one there are a number of pieces of information that should be readily available. This checklist might be useful to gathering the information.

- Social Insurance Number
- BC Services Card with Personal Health Number
- Group Medical Benefits Card
- Birth Certificates for Deceased and Dependents
- Marriage Certificate
- Divorce Certificate
- Death Certificate
- Most Recent Will
- Life Insurance Policies
- Bank/Credit institution accounts and passwords
- Credit Cards
- Safety Deposit box/keys
- Stocks/Bonds/Certificates
- Recent Pay Stub from Employer
- Recent Contracts entered Into
- Loan and Mortgage Documentation

- Real estate and Property Title Deeds
- Car Ownership Registration and
- Insurance Policies
- Previous Two Years Income Tax Returns
- Association and Club Memberships and subscriptions
- Lawyer and executor of Will
- Household bills
- Father's and Mother's names and birthplaces
- Pensions
- Investments and Deeds to Property
- Cemetery Certificate of Ownership

PALLIATIVE CARE

When we talk about “end of life” we often hear the term “palliative care.” They are not equivalent, and both phrases have important implications.

The “end of life” is, quite simply, death. The period prior to death could be viewed as a short period when death is anticipated, or it could be the last few years of one's life. The next section explores how we, at Louis Brier, use this term.

Palliative care is a particular way of attending to the needs of residents and patients. It does not imply “end of life” but it often accompanies the period of life just prior to death. One may be given palliative care for many years throughout one’s life. An understanding of the term is valuable:

Palliative care seeks to prevent, relieve, reduce, or soothe the symptoms of disease or disorder without effecting a cure. It is not restricted to those who are dying or enrolled in a hospice program. It does not preclude the provision of curative treatments. Palliative care provides comprehensive management of the physical, psychological social, spiritual, and existential needs of people with life-limiting illnesses or who are suffering from chronic pain.

Palliative Care:

- Affirms life and regards dying as a normal process
- Neither hastens nor postpones death
- Provides relief from pain and other symptoms
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death

- Offers a support system to help the family cope during the patient's illness and in their own bereavement (WHO 1990).

We also hear the term “hospice” associated with palliative care. In this case, palliative care IS associated with impending death.

Hospice palliative care

- It aims to relieve suffering and improve the quality of living and dying.
- Hospice Palliative Care is appropriate for any patient and/or family living
- with, or at risk of developing a life-threatening illness:
- Due to any diagnosis
- With any prognosis
- Regardless of age
- At any time they have unmet expectations and/or needs, and are prepared to accept care (Canadian Palliative Care Association Website, last updated Oct. 2001).*
- This website is now called Canadian Hospice Palliative Care Association: www.chpca.net.

The goal of palliative care is to achieve the best quality of life for patients with incurable life-threatening diseases.

Palliative care provides relief from pain and other distressing symptoms and offers a support system to help the family cope during the patient's illness and bereavement. Terminal care is that part of palliative care which takes place in the last days of life, when the aim is to enable the patient to die with dignity.

WHEN IS THE 'END OF LIFE' ?

DETERMINING WHEN A RESIDENT IS DECLINING

The care staff, which includes nurses, care aides, doctors, and specialists, and the entire multidisciplinary team (spiritual care, social work, recreation, dietician, rehab, infection control...) have daily contact with every resident and document when a resident is failing to thrive. Based on weight, participation in programs, expressed feelings, and medical conditions, the condition of declining health is noted. When this happens, the nurse on call will notify the family contact of the condition of the resident.

When a resident is unable to communicate and ceases to eat, it indicates that their decline might be leading to death. At some point, the doctor formally identifies the resident as actively dying. There are specific medical indicators which doctors and nurses use to confirm their observations of decline, such as a 'frailty scale' and dementia trajectory.

PHYSICAL CHANGES YOU MAY NOTICE

You may notice the following changes when a person is nearing the end of life. These signs can be unsettling for

the visitor as well as the resident. Ask the care staff what would be the best way to help the resident, and to understand these signs.

Last Days to Weeks

- Withdrawal from the outside world
- Progressing weakness
- Decline in eating and drinking
- Possible delirium

Last Hours to Days

- Physical changes including colour and warmth of arms and legs
- Increasing amount of time sleeping
- Changes in energy
- Breathing rate and pattern will change
- Noisy breathing may begin

At the time of death you may wish to stay with your loved one for a time (from the Ottawa Hospital, Champlain Hospice/Palliative Care Program)

FORMAL MEDICAL PAPERS

The M.D. assigned to the resident must sign formal papers identifying that the resident is actively dying. The actively Dying Protocol indicates a number of changes to the care of the resident and signals to staff different provisions for visitation, infection control, and participation in activities.

‘Actively Dying’ generally means that care is explicitly palliative and that the comfort of the resident, rather than the healing of illness, is paramount. Pain management is key. Spiritual care becomes even more important.

MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

MOST stands for “Medical Orders for Scope of Treatment”. It is a medical order, completed by your doctor or nurse practitioner, to let your health care team know what level of care you or your loved one wish to receive. It is a result of conversations between you, the resident, and your doctor or nurse practitioner, and is based on your personal goals and wishes. In any medically urgent situation, especially when you cannot speak for yourself, it is important that the health care team understands your expressed wishes for treatment

and care. The MOST level is usually identified upon admission to LBHH and is identified as 1, 2, or 3. The different care identified with each level should be explained by your physician.

If you have completed an advance directive or an advance care plan they should align with your MOST designation. If you have both an advance directive and a MOST, the health care team, by law, must follow what you have written in your advance directive.

Talking with your doctor or nurse practitioner (MRP – Most Responsible Practitioner) about care at the end of life will help you to better understand:

- your health condition
- possible treatment choices
- options for care that are best for you
- which MOST designation best reflects your situation

The results of these discussions will be your doctor or nurse practitioner completing the MOST Form with you.

DECISIONS REQUIRED

When a resident is actively dying, the resident and the family contact must make some key decisions with the doctor and nurses. How should the resident's pain be managed? Who should be called when the resident dies?

Are there objects or music which should be in the room?
Who should be allowed to visit (and who shouldn't)? Are there religious considerations that should be respected?
Does the family require/request round the clock attendants for the resident?

If the resident is in a shared room, both the resident and the roommate will be significantly impacted. All measures will be taken to ensure the privacy and dignity of the resident and the roommate.

MEDICAL ASSISTANCE IN DYING (MAID)

Louis Brier Home and Hospital recognizes that British Columbia accepts the possibility of opting for medical assistance in dying, should the person meet the conditions for that choice. However, any action which hastens death is contrary to Jewish law and values and, therefore, this choice requires special consideration. The rights of the individual must be reconciled with the values of the facility.

From the Government of BC website:

Medical assistance in dying provides people, who may be experiencing intolerable suffering due to a grievous and irremediable (incurable) medical

condition, the option to end their life with the assistance of a doctor or nurse practitioner.

Medical assistance in dying is provided only to legally eligible persons. To ensure this service is provided in a safe manner, a system of safeguards has been designed to protect vulnerable people and support all people to make an informed decision.

British Columbians seeking medical assistance in dying should speak with their doctor, nurse practitioner or local health authority's care co-ordination service for medical assistance in dying.

Consideration for "medical assistance in dying" must be done when the resident is able to make the decision; it cannot be left to the last moments of life and requires planning. If an individual has been approved for MAiD, through the B.C. government process, Louis Brier will find a suitable location for the medical assistance when the time comes. The process of ending a resident's life through MAiD will **not** be carried out at the Louis Brier facility.

PALLIATIVE SEDATION

As one nears the end of life, there may be both a decrease in function and an increase in pain potentially related to their current health condition. The goal of palliative care at the end of life is to make a person as comfortable as possible, recognizing that their abilities will likely continue to decrease. Hence, reducing pain and suffering becomes paramount. This is done by making the environment as comfortable as possible, providing care and companionship, and administering the appropriate medications.

The care team, including the physicians and nurses, identify which medications would be effective for the individual. At some point, it may be possible that the only way to relieve the pain, without ending the life of the resident, requires palliative sedation therapy. This would put the resident in an unconscious state until they pass away on their own time schedule. The decision to do this is not simple and would require discussion with staff and medical professionals.

VISITING AND CARE

When a resident is actively dying (palliative), the family members – as identified by the family point of contact –

are identified as 'essential visitors' and are permitted to be with the resident, in their room, 24 hours a day. The QRM manager will provide access badges and clear the access.

Staff at Louis Brier continue with care, including feeding (if possible) and washing. Recreation staff can provide a care cart to make family visits more comfortable. The chaplain visits daily with prayers and songs, as appropriate, if desired.

DETERMINING DEATH/DEATH CERTIFICATE

The nurse on call identifies whether the resident has died, but the final determination will rest with the M.D. The nurse will inform the physician and alert the family to the change in status.

SPIRITUAL CARE AT THE END OF LIFE

The end of life is not simply a physical change. Passage from the living to the dead is a psychological and spiritual change as well. For many, their faith tradition addresses this passage to the unknown and it is as important as the medical care required to make the resident comfortable.

Spiritual care may involve help to find meaning in the last days of life, or it may simply be a companion to accompany the resident on their journey. For some, prayers for healing and peace within their tradition are valuable, and for others they seek a connection with the transcendent. Some need to find a way to embrace the unknown while others want the reassurance of their faith for the life beyond. Often, families have questions regarding the traditional practices for funerals and prayers.

Spiritual care at Louis Brier is facilitated through the Chaplain, who will meet with the resident and family as needed, or who will arrange for external clergy to come.

DEATH OF A LOVED ONE

AT THE TIME OF DEATH

No one can predict when a person will die. You or other family members may be present when it happens, or you may be far away. If you are present and believe that the person has died, notify a nurse right away. It is often difficult to know whether someone has died and whether there are medical interventions that are appropriate.

You may have many reactions to the moment of death of your loved one. You may feel shock, grief, anguish, or relief. There are no right or wrong emotions – nothing is normal!

NOTIFICATIONS

If I am not present, who notifies me when my loved one dies?

The nurse on call is usually the person who calls the family contact when a resident has died. It is possible to specify, in advance, who from Louis Brier should notify the family in the case of death. The nurse on call would then direct the specified person to contact the family.

My loved one just died. Who do I call?

The first person to call, if they haven't just called you, will be the nurse on call. They will let you know what happened, and they can tell you what to do next. To lead you through the process, the Social Worker or the Chaplain can give you the people to call and what help you can find.

Generally, you would call the funeral director of a memorial home to take the body of your loved one. Then, you would sit down with the funeral director to plan the funeral, burial and services. In the case of a Jewish resident, the funeral home would deal with the care of the body via the *chevra kadisha*.

The staff at Louis Brier will not call any other family members, clergy, or funeral staff unless specifically directed by you, the family contact. If you are not available, the Louis Brier staff will call the memorial home identified on file (upon admission). If no memorial home has been identified, staff will call the home appropriate for the identified religion to remove the body.

Who calls the other relatives?

Generally, it is the family's responsibility to inform other members and friends regarding the passing of the relative. In fact, unless instructed by the legal point of contact, staff at LBHH can only inform other staff and a memorial chapel.

ACCESS

Can I see my loved one before they are taken?

Yes, you can come to LBHH before anything is done with your loved one. It will be your responsibility to let us know whether LBHH contacts a funeral home, or you will make arrangements directly.

What if I am out of town and can't come right away?

You can give instructions to the Social Worker regarding how to handle the resident's things, and it will be your responsibility to instruct LBHH regarding contacting a funeral home.

ATTENDING (SHOMRIM)

Will someone sit with them until they are taken?

While it is generally the family's responsibility to identify a companion or volunteer to sit with the body prior to being taken by the memorial chapel, it may be possible for the Chaplain to assist in this matter.

How are they taken care of before they are taken away?

The staff at LBHH are sensitive to the various faith traditions and respect the body of the resident. The resident is not moved, is covered, and their eyes and mouth are closed. If the family specifies other conditions, they are honored by staff.

ARRANGEMENTS FOR REMOVAL

Who calls to take the body?

LBHH can call a funeral home or cemetery directory to take the body, but the family must instruct LBHH regarding their wishes. If no family member can be reached, the Social Worker contacts a local funeral home to take the

body. In some cases, the coroner is responsible for taking the body.

Who takes care of the body? Where do they take him/her?

The memorial home or funeral director must be called, by the family or LBHH on direction from the family, to take the body. The body would be taken to the funeral home. If Jewish, the local chevra kadisha would prepare the body for the funeral. Otherwise, the funeral home must be given instructions by the family.

DEATH CERTIFICATE

Is there a death certificate signed by a doctor?

Yes, the doctor assigned to the resident signs the death certificate.

AUTOPSIES

Is there ever an autopsy?

In most cases, the cause of death is due to natural causes and no autopsy is done. If the family requests an autopsy, it is their responsibility to arrange it with the coroner.

ORGAN DONATION

My loved one signed an organ donation card. Will their organs be donated?

If your loved one signed an organ donation card, and if they were under 75 yrs old at the time of their death, then the BC Transplant Coordination Office must be notified by the nurse on call as mandated by Vancouver Coastal health.



FUNERAL ARRANGEMENTS

How do I arrange for a funeral?

The family member as the point of contact must arrange with the funeral home director to have a funeral service and burial. In some cases, the service is combined with the burial, but in other cases (e.g. cremation), they are separate.

Arranging for a funeral can take time, since many details may be discussed with the funeral home (plot, location, type of service, officiant, casket, flowers, cost, etc.) A discussion in advance of your loved one's death, although difficult, is advisable to ensure the best arrangements.

Does it matter what faith tradition (religion) they had?

LBHH respects all faith traditions and can direct family members to an appropriate clergy or congregation. Most funeral homes can address a variety of faiths, but LBHH generally deals with Schara Tzedek Cemetery for Jewish funerals if the congregation is unspecified.

FINANCIAL CONSIDERATIONS

What if I can't afford a funeral?

The costs and details of the funeral/burial can be addressed with the funeral home director.

What if I need clergy to lead the funeral?

The Chaplain at LBHH can identify clergy in the appropriate faith to officiate. If desired, the Chaplain can officiate at memorial services or burials.

My loved one needs to be buried out of town. What do I do?

If your loved one must be transported to another city for burial, you must contact a local funeral home to liaise with the out of town one.



PHYSICAL BELONGINGS AT LOUIS BRIER

What happens to their account at LBHH?

The LBHH business office will mail a refund within 4 to 6 weeks to the legal contact on record if the account shows a surplus. If there are questions regarding the account, or if there is a balance owing, the family can contact the Social Worker for more information.

What happens to their belongings which are at LBHH?

The belongings of your loved one must be removed from their room within 24 hours (not including Saturday and Sunday) to enable any cleaning and repairs for those awaiting the residence. If the belongings are not removed, LBHH staff will arrange for disposal.

If I can't remove their belongings, what happens?

It is possible to arrange for short term storage at LBHH if the belongings cannot be taken within 24 hours. However, maintenance staff will remove the belongings from the room for storage. There is a fee for this service.

DONATING BELONGINGS

Can I donate their belongings to LBHH?

Yes, some of the belongings can be donated to be used by other residents. Contact the Social Worker for more information.

STORAGE

Can I store their belongings at LBHH?

Short term storage in advance of cleaning and repair for future residents can be arranged. There is a fee for this service. However, long term storage (longer than 1 week) is not possible, and items not retrieved will be discarded for a fee.



DEALING WITH GRIEF AND LOSS

UNDERSTANDING YOUR EMOTIONS AND THE FAMILY REACTIONS

Grief

The loss of family member can bring on great emotional stress. Grief, the emotional pain of a loss, is an appropriate response, even if one's relationship with the deceased was sometimes difficult. There is no timetable for grief: it may take a while to be felt, and it may linger for days, months, and years. Accepting it, and expressing it may be important for continuing to live your life.

Grief can be expressed in shock, guilt, anger, sadness, depression, loneliness, confusion. Or, one's response to loss may be as a denial of its impact. Or, it may be a relief, recognizing positive aspects of the loss. You may recognize your reactions in the following:

To One in Sorrow by Grace Noll Crowell

Let me come in where you are weeping,
friend,
And let me take your hand.
I, who have known a sorrow such as yours,
Can understand.

Let me come in -- I would be very still
Beside you in your grief;
I would not bid you cease your weeping,
friend,
Tears can bring relief.

Let me come in -- I would only breathe a
prayer,
And hold your hand,
For I have known a sorrow such as yours,
And understand.

“I just can’t believe it.”

“I can’t stop crying.”

“I should have done more....”

“Why me? It’s not fair!”

“Is life worth living? Life will never be happy again.”

“What’s the point of living. I have been taking care of them for so long.”

“I just can’t bear it. Without them I can’t go on.”

“I don’t know what to do. I feel like I’m going crazy.”

“I don’t know how to go on alone.”

“I feel like a burden has been removed.”

“They would have wanted it this way.”

“It feels natural and right, but it still hurts.”

“I’m worried about how the others will be able to go on.”



There is a sacredness in tears. They are not the mark of weakness, but of power. They speak more eloquently than ten thousand tongues. They are the messengers of

overwhelming grief, of deep contrition, and of unspeakable love. Washington Irving

REACHING OUT FOR HELP

It's not always easy to ask for help, but you only need to do the following:

Call someone and say, "I need some help." Or "Can we talk?"



REMEMBRANCE

MEMORIAL SERVICES

Resident memorial services are held every four months at Louis Brier recognizing and honoring those residents who have passed away in the preceding months. Normally, families are invited to participate in the services, held in the synagogue in the facility.

Can I have a memorial service for my loved one at LBHH?

Yes, you can schedule a memorial service at LBHH which would be open to the residents. Private services are discouraged, but you can arrange a private meal of condolence after the funeral. Please check with the Recreation and Food departments for more information.

SHIVA

Can I sit shiva at LBHH and have a minyan here?

Unfortunately, families are not able to sit shiva (the seven day mourning period) at LBHH. However, the daily minyan (the afternoon and evening service) which takes place in the synagogue on site, can be the shiva minyan. If

leadership is required, please contact the Chaplain to arrange.

MINYANIM

Who will lead the minyan?

If a family has chosen to attend the minyan, mourners will be given the opportunity to lead. Otherwise, a leader from the community or the Chaplain will lead.

FEEDBACK

If I am not happy with the care you provided, who do I call?

LBHH has a formal complaint process that can be accessed from the louisbrier.com website. However, comments can also be communicated directly to the Chaplain and Social Worker, who will pass them on to the Senior Management.

How can I acknowledge the staff for the exceptional care they gave?

Acknowledgement is always appreciated! You may use the formal complaint process for POSITIVE comments, or you may send your comments to the Chaplain, Social Worker, or Executive Director. The comments will be passed on to any specific staff as desired.

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