

THE STEWARDSHIP OF LAST THINGS



Wellesley Village Church
United Church of Christ
2 Central Street
Wellesley, MA 02482

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In short, we are carrying a loved one
to the edge of mystery. We should be
encouraged to stick around to the end,
to book passage all the way.
- Thomas Long

“The Stewardship of Last Things” is a title graciously shared with us by Megory Anderson at St. Gregory of Nyssa Episcopal Church in San Francisco. Megory created a program called “Sacred Dying” designed to “return the sacred to the act of dying through education and serving those at the end of life.” We are grateful for her permission and encouragement in using this title and its meaning.

INTRODUCTION TO THE STEWARDSHIP OF LAST THINGS

“Peace I leave with you. My peace I give to you...”
—John 14:27

For most of us, the subject of death and dying is difficult, whether we are reflecting on our own mortality, broaching the subject with a loved one, or being with someone who is nearing death. We hope this booklet can be a companion to you in these times, that you may be more aware of the resources of our faith and of our faith community to support you. It is our hope that having these materials available will help us all to reflect more easily on these things, so that we may faithfully plan for death—our own, or another’s.

We are calling this booklet “The Stewardship of Last Things.” As followers of Christ, we celebrate the ways we are called to be stewards of our resources, our time, and our care for our God-created world. In the same way, our decisions about death and dying can also be an act of stewardship. The respectful care, attention, and prayerful thought we give to these “last things” is an affirmation of our faith. To communicate these decisions to others is a gift we give ourselves and others. Finally, it is an act of gratitude and thanksgiving to the God who has created us and given us this life to live.

In this booklet are resources for understanding the purposes and practices of worship at the time of death, as well as a guide for planning funerals and memorial services with our families, our friends, and our pastors. This booklet may be used to help those who are called to make decisions about such arrangements for family members and close friends. Also included are more practical aspects of planning for the time of death, such as advance directives and anatomical gifts. You will also find helpful information about the grief process, memorials and commemorations, and a selected bibliography for both children and adults on grief and bereavement.

This booklet was prepared initially as a guide for members and friends of Village Church, and you will notice specific references to the church, its facilities, and its ways of worship. Many of the suggestions can and should be modified for your own circumstances.

We encourage you to take the time to read this booklet. Think about the questions it raises and discuss them with your family and friends. Your pastors are also available and willing to help you at any time. Our planning checklist, included in this booklet, suggests that you be specific in your plans and use these guidelines to prompt your thoughts and discussions.

No matter what your situation, we hope you can find strength, peace, and guidance from the following ideas.

CHRISTIAN FUNERAL PRACTICES

“Do not let your hearts be troubled. Believe in God, believe also in me. In my Father’s house there are many dwelling places. If it were not so, would I have told you that I go to prepare a place for you? And if I go and prepare a place for you, I will come again and will take you to myself, so that where I am, there you may be also.”

—John 14:1-3

Christian funeral practices are rooted in an understanding that the passage from life to death is a pilgrimage with and toward God. In our dying, we finally come “home.” It is the privilege and honor of mourners to do those last things that human hands and hearts can do for our loved ones who have died.

We travel from vigil with the one who is dying, to preparation for burial, to a worship service (funeral or memorial), to burial. These are all steps we take on this pilgrimage to help to bring a loved one “home.”

This section outlines the ritual steps along the way that allow us to participate in this pilgrimage in all its fullness—to hear, perhaps in new ways, the promises of God that are for all of us in death, as in life. In the face of death, we remember together that “nothing in all creation will be able to separate us from the love of God in Christ Jesus our Lord” (Romans 8:39). Surrounded by songs, story, scripture, and the prayers of the faith community, each “saint” is carried home to God.

A Service for the Time of Dying

When a person is near death, a brief service of prayer and scripture reading may be offered. We may assume that the person near death is able to hear the spoken prayers and feel the gentle touch on hand or forehead or shoulder, even if he or she seems unresponsive. It may also be very meaningful to family and/or close friends to be present at this time. This sacred time together may provide an opportunity for reconciliation and assure the dying person and loved ones that God is present.

The ancient practice of singing at the bedside of someone who is dying can be very comforting. This can be as simple as singing a favorite hymn, or you may consider inviting a “threshold choir,” a small group of singers trained in this ministry, to visit. More information is included in the Resources section of this booklet.

Visitation

Often, funerals and memorial services are preceded by a time of visitation. Visitation hours (known in some traditions as a “wake”) allow family, friends, and the larger community to gather informally to offer sympathy and support and to bear witness to the life and death of the person who has died. Some choose to have the casket present, either open or closed, for visiting hours. Some people may find this unnecessary, but others find that viewing the body of the person who has died can be a helpful way to accept the reality of death on both intellectual and emotional levels.

Village Church welcomes the opportunity to host visiting hours here in our chapel. Arrangements can be made in conversation with your pastors and funeral home staff. The visitation may also be held at the funeral home itself.

A Funeral or Memorial Service

Funerals and memorial services are significant occasions for worship in the Christian church. A funeral (where the body is present) or memorial service (where the body is not present) is the opportunity to give thanks for the life which is now over, and to offer this loved one to God’s eternal care and keeping. Such a service of worship is usually held in the church, either in the sanctuary or chapel, but other arrangements can and should be made to accommodate different situations and needs.

Words of remembrance, pastoral words, scripture readings, prayers, and the singing of hymns are all a part of this experience. These can take many forms, and we encourage you to share with your pastors the ideas you may have for your own service or for your loved one who has died. In this booklet is a planning checklist that may help to begin this conversation. You should feel free to suggest favorite scripture passages and hymns, along with other music, poems, letters, or readings. Pastors and the music director can help you with some of these selections. Remembrances from family members and close friends may also be meaningful contributions.

In the presence of God and a loving community, a funeral or memorial service can bring peace and healing, strength and hope, to those who grieve. It offers a sacred place and time to mourn, to remember, to give thanks, and to proclaim our Easter faith for the one who has died, and for ourselves as well.

A Service of Committal

This service may take place before or after a funeral or memorial service. It is a brief service of scripture and prayer, bearing witness to the Easter faith. The Service of Committal may be adapted for a graveside burial (or interment), burial at sea, scattering of ashes, or giving of the body to research.

Your decision about cremation or earth burial is a personal one, and there are no inherent Christian tenets that support one over the other. For some, earth burial in a cemetery can be a meaningful link to a special place, community, or people. It can provide a place for family and friends to gather in memory of a loved one. A sacred place to visit can offer comfort and solace for those who grieve.

Cremation remains can also be interred in a cemetery or other special place. They may also be distributed or scattered in other places that have meaning and significance.

Memorial Path at Village Church

Members of Village Church may choose to have their cremated remains interred and their names memorialized in Memorial Path, a special burial area located in the graveyard next to the church. In 2007, Memorial Path was reopened for this purpose. It is available to Village Church members and their immediate families. Through the use of “shared space,” both in terms of burial locations and headstone engravings, Memorial Path reflects the abiding sense of community with the church, and with the company of saints and cloud of witnesses that surround us always, as God’s people throughout time and across space. You can reserve space in Memorial Path either in advance or upon the occurrence of a death. More information can be found in a brochure and other materials available on the church website.

A good funeral is one that gets the dead where they
need to go and the living where they need to be.

—Thomas Lynch

THE ROLE OF THE CHURCH AT THE TIME OF DEATH

“We do not live to ourselves, and we do not die to ourselves.”

—*Romans 14:7*

The apostle Paul affirms that in death as in life, we belong to God, and we are a part of the church, the community of faith. And so, the congregation also has a role to play at the time of death: as witnesses to the life and death of the person who died, as faithful mourners taking their place in helping to bring the person who has died “home,” and as a caring community supporting one another in grief and loss.

Church members are encouraged to attend funerals and memorial services and offer this very visible and concrete support at these times. The physical and emotional presence of the worshiping community of faith provides strong support and comfort to people amid deepest grief. In addition to remembering the person who has died and supporting the bereaved, worship at the time of death allows us all to recall our own losses and helps prepare us for our own deaths.

The congregation may offer very practical help as well. If the family wishes, members of the church may host a reception in the church following the funeral or memorial service.

The congregation may also help the bereaved to grieve and make the transition to a new stage of life. This may happen in informal as well as formal ways, including visits and delivery of meals, help in caring for children, participation in support groups, or invitation by church members to join others in social gatherings when they feel ready to do so. Here at Village Church, we remember our beloved dead as a part of our All-Saints Sunday worship on the first Sunday in November, lifting up the names and memories of church members and others who have died in the past year. In addition, each Advent we offer a “Blue Christmas” worship service for people who are grieving many kinds of losses. Families and friends may also remember their loved ones by offering flowers for Sunday worship, or at Christmas and Easter. In addition, the ‘Caring Connection’ ministry of the church visits those who have recently lost a loved one bringing with them a remembrance bag as a sign of the church’s continued support and comfort.

These gestures are offered in the belief that grief shared is lighter than grief borne alone. In sharing our own experiences, we learn from others who have faced similar challenges, and we provide an example for those who have not yet been faced with such challenges.

GRIEF

“Blessed are they that mourn, for they shall be comforted.”

—Matthew 5:4

Grief is the natural and normal process of experiencing all of the emotions we associate with loss—sadness, anger, fear, guilt, denial, and relief, to mention a few. There are no wrong or right emotions. Grief is very individual. It can be influenced greatly by a person’s age, experience, and the nature of the loss being experienced. The emotions (and their intensity) associated with a sudden death can be very different from those of a death after a long illness. Be kind to yourself and know that you will always miss the person who died, but you will feel better again. Holidays, birthdays, and anniversaries can be stressful because they bring all of one’s grief emotions back to the surface.

Many people find great help and support in a bereavement support group, counseling, or the spiritual support of a pastor in their grieving process. We encourage you to talk with your pastors about any of these options.

A Special Word About Children

A child’s grief can be very different from an adult’s. Children tend to grieve sporadically over a longer period of time. They have a wonderful coping mechanism that allows them to experience the loss only when they are able. This is often confusing for adults. They can think that the child is being irreverent or is “all better.” A child’s grief can sometimes be angrier. They may think that the person who died had a choice and that they have been left alone. Their grief can also be filled with guilt. “If only I had... this wouldn’t have happened.”

Children need lots of reassurance that they and the people around them will feel better again. They need to be reminded of the people in their life who care about them and will keep them safe. Children learn through repetition, so they will ask their very specific questions over and over again.

Because young children are concrete thinkers, it is important to use correct vocabulary with them. “Died in his sleep,” may result in many sleepless nights for a young child. Young children are also “magical thinkers.” If we don’t answer their questions honestly, they will make up their own answers. Young children also have difficulty understanding the permanence of death. They may think that it is reversible, that “heaven” is a place to be visited, and that life goes on in that “box under the ground.”

In addition to the questions children may have, they may express grief through their play, which should be encouraged. It is helpful to let school teachers and counselors know when a child is experiencing such a loss, since it may affect their behavior at school—perhaps in withdrawal, or lack of concentration, or anger.

As children mature and go through different developmental stages, their grief may be reawakened and they will process the same loss again, but differently. For example, when they come to understand that everyone dies, not just old people, and when they become able to apply that to themselves, they can potentially experience renewed grief reactions.

As an adult caring for a grieving child, it is okay, even good, for you to show your own sadness about the loss you have experienced. If you can find ways to be comfortable talking about your emotions, it will help your child be comfortable with theirs, too.

If your child needs help, know that guidance counselors and many therapists work especially with children and grief, and can be a much welcomed resource for children (and for their parents). A few organizations and books especially for children are listed in the Resources section of this booklet.

Should a Child Attend a Funeral or Memorial Service?

The answer to this question is very individual, but there are a few things to keep in mind when making the decision. Children like to be a part of family events—weddings, reunions, baptisms, and graduations. A funeral or memorial service is another family event. If we shield children from experiencing this event, we may deny them the opportunity to demystify it. If you decide to let your child make the choice whether to attend or not, be sure to first give them an accurate sense of what they will see and hear. Many families find it helpful to bring someone along such as a favorite babysitter who can take a child outside or to another room if the service becomes too long for them.

There are no books that will do it for us and there are no magic “right” words to say. It’s the trying, the sharing, and the caring, the wanting to help and the willingness to listen—that says “I care about you.”

When we know that we do care about each other, then, together,
we can talk about even the most difficult things
and cope with even the most difficult times.

—Hedda Bluestone Sharapan

MEMORIAL GIFTS AND COMMEMORATION

“Do this in remembrance of me.”

—*Luke 22:19*

There are many meaningful ways to honor the memory of a loved one who has died. Flowers are a beautiful way to express sympathy and symbolize ongoing life. A simple bouquet or even an arrangement from the woods or garden can be special at a funeral or memorial service. Many choose to keep flower displays simple, so that they might also dedicate memorial gifts to a favorite charity or make a contribution to the Memorial Gifts Committee of the church.

If you have particular wishes regarding memorial gifts, you may make those wishes known to your family and note them in the planning checklist included in this booklet. Your wishes should also be included in the obituary.

Commemoration

We use the word “commemoration” to describe the way we might choose to honor and remember someone who has died. Some commemorations are as formal as the funding of a scholarship or other special interest. Others might be book donations, or the planting of a special tree or perennial flower, or participating in events in the name and memory of the person who died. Other commemorations can be informal activities, such as putting together a memory book, or choosing or making a special ornament to hang on the family Christmas tree in memory of someone.

Sometimes it is very easy to think of an appropriate way to remember someone; other times it is more difficult. Thoughts and ideas may simply emerge as one’s daily life continues. There is no time limit to commemoration. Whatever and whenever you do decide, remember to include in your commemoration the family and friends of the person who died, perhaps by writing them to tell them of your intentions or inviting them to take part in some way. In your planning, take into consideration such things as the person’s own interests. For example, you might plant a red rose bush in honor of the person’s favorite color. If you are choosing to remember someone by planting a tree or flowers, be sure to choose something that will thrive in that climate.

Choosing a commemoration appropriate to the age of the one who died is also important. One group of church friends chose to honor the memory of a child who died by choosing a new crib for the nursery room in the church. Other commemorations can offer hope and healing to others for the pain and grief of a tragic death. These might be contributions to support programs and organizations that seek solutions to such difficult issues such as addiction, murder, and suicide.

Commemorations often have benefits to friends and family for many years to come. Just as a tree, planted in honor of someone who has died, bears new leaves each spring, so the ongoing cycle of life also carries hope and promise for those who remember.

When we are living, it is in Christ Jesus,
And when we're dying, it is in the Lord.
Both in our living and in our dying,
We belong to God, we belong to God.

Traditional Spanish hymn, "Pues Si Vivimos"

BASIC ESTATE AND HEALTHCARE PLANNING DOCUMENTS

“I decided to write an orderly account for you...”

—*Luke 1:3*

Most of the documents described below are a necessary part of a comprehensive estate plan. A comprehensive estate plan both gives you peace of mind knowing that you have done what you can to assist those that love and care for you, and is your gift to them allowing them to care for you in the simplest way and the way that you want. Note that there are as many different forms of each of these documents as there are lawyers that draft them. But knowing what documents you may need and putting them into place is the key.

We encourage you to consider carefully the following documents as a part of your “stewardship of last things.” Copies of these documents should be shared with your health care providers, your lawyer, and your loved ones.

Durable Power of Attorney

This document will ensure that your financial affairs continue to be managed by someone you trust even if you become incapacitated. This document allows you to name someone (called your attorney-in-fact), to manage your bank accounts, your real estate, sign things on your behalf, and in general perform any act with relation to your property that you could have performed if you were able. Without a Durable Power of Attorney in place a court proceeding called a conservatorship could be necessary to appoint someone to act for you, and that is an expensive and time-consuming process that could result in someone being appointed who you don’t want to be acting for you. A Durable Power of Attorney ends at your death. The document can be present, meaning the power is given by you now; or springing, meaning an event, like your incapacity is needed for the power to “spring” into being.

Health Care Proxy

A health care proxy is an essential document for every person. In the document you appoint someone to make health care decisions for you in the event you are unable to make decisions or communicate your wishes yourself. It springs into place only when needed, then can become dormant if you become better until needed again. Without a Health Care Proxy in place a court proceeding called a guardianship could be necessary to appoint someone to make healthcare decisions for you, and that is an expensive and time-consuming process that could result in someone being appointed who you don’t want to be acting for you.

Living Will

A living will is the written form of your wishes that your health care agent will use when making health care decisions for you. There are many different forms of living wills, some separate documents, some as language in the health care proxy. There are living wills for different religions, or you can write your own based on your particular wishes and beliefs. While living wills are not recognized legal documents in Massachusetts, they are very important and useful.

HIPAA Authorizations

The HIPAA (Health Insurance Portability and Accountability Act) Authorization is a release which allows your health care agent or other person you appoint to have access to your medical records. This form is separate from your health care proxy because your health care proxy only becomes effective when you are incapacitated and you may want someone to have access to your medical records before that happens. This release will allow someone to contact your insurance company or doctor's office on your behalf if you have questions about a bill or a statement, or allow them to discuss your care with your doctor if you are hospitalized.

Medical Order for Life-Sustaining Treatment (MOLST) Form

This form is completed and signed by the clinician and patient. The MOLST is not necessarily honored by all institutions, therefore should not be used to replace a health care proxy with living will language. This form contains directions under somewhat specific conditions and should be completed after a discussion with your physician or clinician.

Will

A Will appoints someone, called a Personal Representative, to manage your estate after you die, and provides for distribution of your property according to your wishes. It is important to have a will, no matter how small your estate, as it prevents misunderstandings and makes the process of distributing your property easier and as you decide, not as the state law may dictate. It is also your last chance to speak your mind and make gifts.

Trust

A trust is a property interest held by one or more persons, called trustee(s), at the request of another, called a settlor or grantor, to benefit a third person, called a beneficiary. While not necessary in many cases, a trust can do many things-give money to a disabled beneficiary to enhance life without losing public benefits; protect against nursing home costs; give money to a minor or a spendthrift through a trusted agent; avoid probate; or reduce

estate taxes. But trusts are complicated and expensive-not for everyone. An attorney can help you decide if you need one. A trust can be revocable, so that it can be undone at any time, or irrevocable, so that it cannot be changed without a court order.

Burial Instructions

When you die do you want to be cremated or buried? Where will your remains go? Would you like to have a memorial service or let the kids decide. Who will handle this and make the decisions? This document lets you choose.

We thank Timothy R. Loff who provided an overview of basic estate and healthcare planning documents on May 23, 2023 and who gave us permission to include his summary in this booklet.

OTHER DECISIONS TO CONSIDER

Pre-Need Funeral Planning

Many people choose to make their funeral plans, and payments, in advance. You may select a funeral home to work with and discuss your choices with them. At the time of the funeral, the funeral home can issue all payments associated with the service drawing out of the pre-paid account.

It is helpful to communicate to loved ones and to the facility in which one may reside which funeral home is to be called at the time of death. If your loved one, dies outside of a care facility and/or outside receiving hospice care, it is important to call Emergency Medical Services/911 in order that professionally trained medical practitioners can pronounce the death and for law enforcement to do their part, before the funeral home is called.

It is often very helpful for family members to know wishes of the deceased in terms of whether a burial, cremation, or donation of remains is desired. For cremation, it may be important to consider whether being aware of the time of the cremation would be helpful to your loved ones. While it is uncommon to gather at the cremation site itself, some families have found it comforting to be together in their home or at the church to accompany and body of the deceased in this time through prayer, song, and silence.

Hospice Care

Hospice is a model of palliative care dedicated to meeting the needs of people who are terminally ill through physical, emotional, and spiritual comfort and support. It focuses on quality of life rather than cure. Hospice programs include the services of physicians, nurses, social workers, clergy, and volunteers. Most insurance companies include hospice as a benefit. Hospice care can be provided in a person's home or in a hospital, nursing home, or hospice residence.

DNR Orders

A DNR (Do Not Resuscitate) order refers to the medical procedures used to restart a person's heart and breathing if he or she suffers heart failure. DNR orders may be written for those who are seriously or terminally ill, in a hospital or nursing home or at home, and who prefer to be cared for without aggressive efforts at resuscitation upon their death. It is best to talk with your personal physician to have this wish entered into your medical chart. DNR orders must be renewed every six months.

Organ, Tissue, and Body Donation

For those who choose this kind of donation, the Christian belief in eternal life can also inspire the living. There is a deep grace in the idea that death can continue the gift of life to those on earth—people in need of organs and all of us who benefit from the training of physicians in our medical schools.

The Registry of Motor Vehicles will provide donor cards identifying you as a donor and will give you a sticker to be attached to your driver's license. Generally, organ donations preclude body donations for medical education.

For information on organ and tissue donation, you may contact the New England Organ Bank at 800-446-6362 or www.neob.org.

For information on body donation, you may contact the following New England area medical schools:

- Boston University School of Medicine, 617-638-4245 or www.bumc.bu.edu/anat-neuro/anatomical-gifts
- Harvard Medical School Anatomical Gifts Program, 617-432-1735 or agp.hms.harvard.edu
- Tufts University School of Medicine, 617-636-0837 or www.tufts.edu/med/anatomy/anatomical-gift.htm
- University of Massachusetts Medical School, 508-856-2460 or www.umassmed.edu/anatomicalgiftprogram

Caring for Your Own Dead

In Massachusetts, families may choose to care for their own dead without using a funeral home. Such options include visitation at home, choices about embalming, burial in a green cemetery, and cremation arrangements.

Caring for your own dead can be a very meaningful way to say goodbye to someone you love. Helpful organizations and information can be found in the Resources section of this booklet.

They took the body of Jesus and wrapped it
with the spices in linen cloths...

—John 19:40

PLANNING CHECKLIST

Name: _____ Date: _____

I wish to have (check one or more):

- A service for the time of dying
- Visiting/calling hours for friends and family at the church
- Visiting/calling hours for friends and family at the funeral home
- Service at the church
- Service at the funeral home
- A funeral (body in the casket is present)
- A memorial service (body is not present)
- A graveside service (interment or burial)
- Burial of ashes in Village Church churchyard
- Leave up to family

Other _____

I wish to have (check one):

- Burial (before or after service)
- Cremation (before or after service)
- Leave up to family

I have made plans with _____

for:

- A casket
- A vault
- A cremation urn
- Giving of body to research

Other instructions _____

For approximate cost of _____

Location for burial or scattering of ashes at _____

Service location (check one or more)

Village Church Chapel

Village Church Sanctuary

Funeral Home

Other _____

Service to be conducted by (if possible)

Person(s) to offer words of remembrance

Music for the service (hymns, solo, other)

Scripture reading(s) for the service:

In lieu of flowers, I request that memorial gifts to be made to:

I have discussed my wishes for worship services at the time of death with (check one or more)?

Family

Pastor

Other (friend, executor)

Names _____

Names and contact information of closest living relatives

Will (name and address of attorney for estate)

Other (health care proxy, power of attorney, etc.)

Anything you would like included in your own obituary?

Please make your wishes known to your family and loved ones. We suggest keeping a copy in your personal file or submitting a copy to your pastors. You may choose to do both.

SUGGESTED PASSAGES FROM THE BIBLE

In times of deepest sorrow and grief, many of us have found comfort and hope in the promises of God that live within the words of scripture. There is value in knowing that we are not alone, that we stand in the company of generations throughout time who have written these words, prayed and sung them, or read them together.

These suggested passages are among the most familiar. There may well be others that hold special meaning for you, or for the person who has died.

Isaiah 25:6-9 “He will swallow up death for ever”

Isaiah 61:1-3 “To comfort those who mourn”

Lamentations 3:22-26, 31-33 “The Lord is good to those who wait for him”

Wisdom 3:1-5, 9 “The souls of the righteous are in the hands of God”

Job 19:21-27a “I know my Redeemer lives”

Psalm 42: 1-7 “As a deer longs for flowing streams”

Psalm 46 “God is our refuge and strength”

Psalm 23: “The Lord is my Shepherd, I shall not want”

Psalm 90: “...For a thousand years in your sight are like yesterday when it is past, or like a watch in the night...”

Psalm 103: “Bless the Lord, O my soul, and all that is within me, bless God’s holy name...”

Psalm 121: “I lift up my eyes to the hills—from where will my help come...”

Psalm 130: “Out of the depths I cry to you, O Lord...”

Psalm 139: “O Lord, you have searched me and known me...”

John 14:1-4, 27: “Do not let your hearts be troubled... in my Father’s house there are many dwelling places...”

Romans 8:31-39: “What then are we to say about these things...”

1 Corinthians 15: 20-26, 35-38, 42-44, 53-58 “The imperishable body”

2 Corinthians 4:7-10, 4:16-5:1: “But we have this treasure in clay jars...”

1 John 3:1-2 “We shall be like him”

Revelation 7:9-17 “God will wipe every tear”

Revelation 21:1-4: “Then I saw a new heaven and a new earth...”

MUSIC FOR FUNERALS AND MEMORIAL SERVICES

Here are a few suggestions of familiar pieces of music that others have found to be meaningful and appropriate expressions of consolation, hope, strength, and joy in a funeral or memorial service. There may be others that are favorites of yours and have special meaning. Please share your suggestions with your family and your pastors.

Hymns

A Mighty Fortress Is Our God

Abide with Me

Amazing Grace

Be Still My Soul

Be Thou My Vision

Christ the Lord Is Risen Today

Eternal Father, Strong to Save

For All the Saints

For the Beauty of the Earth

God of Our Life

Gracious Spirit, Dwell with Me

Here I am Lord

Holy, Holy, Holy

How Great Thou Art

In the Garden (I Come to the Garden Alone)
In Heavenly Love Abiding
Jesus Lover of My Soul
Jesus Shall Reign
Joyful, Joyful We Adore Thee
Just as I am
Now Thank We All Our God
O God Our Help in Ages Past
On Eagles Wings
Shall We Gather by the River
Steal Away
When We Are Living (Pues Si Vivimos)

Vocal Solos

Comfort Ye—G. F. Handel
I Know That My Redeemer Liveth—G.F. Handel
Shall We Gather At The River?—Arr. Aaron Copland
The Call—R. Vaughan Williams
Then Shall The Righteous Shine Forth—F. Mendelssohn

RESOURCES

Books

Alexander, Victoria. Words I Never Thought to Speak.
Stories of life in the wake of suicide.

Anderson, Megory. Creating Rituals for Embracing the End of Life.

Didion, Joan. The Year of Magical Thinking,
Reflections on the first year of grieving her husband's death.

Ericsson, Stephanie. Companion through the Darkness.
Reflections on grief as "the constant reawakening that things are now different."

Fumia, Molly. Safe Passage.

A collection of passages and words to help the grieving hold fast and let go.

Grollman, Earl. Living with Loss, Healing with Hope.

Grollman, Earl. What Helped Me When My Loved One Died.

Hickman, Martha Whitmore. Healing After Loss: Daily Meditations for Working Through Grief.

Ilse, Sherokee, and Hammer Burrs, Linda. A Shattered Dream.

A guide for grieving a miscarriage, written by the founders of the "Resolve" support network.

Long, Thomas. Accompany Them with Singing: The Christian Funeral.

Lynch, Thomas. The Undertaking.

Reflections on death and dying by a funeral director and poet.

McCullough, Dennis. My Mother, Your Mother: Embracing "Slow Medicine," The Compassionate Approach to Caring for Your Aging Loved Ones.

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Taylor, Nick. A Necessary End.

A son's story of seeing his parents to the end of their lives.

Articles

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Books Especially for Children

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Durant, Alan. Always and Forever.

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Mellonie, Bryan, and Ingpen, Robert. Lifetimes: The Beautiful Way to Explain Death to Children.

Munsch, Robert. Love You Forever.

Schweibert, Pat, and DeKlyen, Chuck. Tear Soup.
A children's book on grief that is very powerful for all ages.

Sims, Alicia. Am I Still A Sister?

Thomas, Jane Resh. Saying Goodbye To Grandma.
Especially good for children attending a funeral.

Varley, Susan. Badger's Parting Gifts.

Viorst, Judith. The Tenth Good Thing About Barney.
Honoring the death of a pet.

White, E.B. Charlotte's Web.

Organizations

Boston Bridge (<https://bostonbridge.org/index.php/links>) *is a professional development and mentorship organization for emerging and established leaders in the field of aging.*

Compassionate Friends www.compassionatefriends.org
A support network for those whose child has died.

Crossings www.crossings.net
A home funeral and green burial resource center.

Funeral Consumers Alliance www.funerals.org, www.fcaemass.org
An online service for up-to-date information about state-by-state laws, publications, and how-to guides.

Green Burial Council www.greenburialcouncil.org

The Children's Room www.childrensroom.org
An organization in Arlington, MA, providing caring support for grieving children, teens, and families.

The Conversation Project (<https://theconversationproject.org/about/>)
The Conversation Project® is a public engagement initiative of the Institute for Healthcare Improvement (IHI). Our goal is both simple and transformative: to help everyone talk about their wishes for care through the end of life, so those wishes can be understood and respected.

Threshold Choirs www.thresholdchoir.org, www.thresholdsingers.com
Small singing groups who continue the ancient tradition of singing at the bedsides of those who are dying.

MEDICAL SITUATIONS & THEIR TREATMENT WORKSHEET

Created by Timothy R. Loff

This worksheet presents possible treatment plans for a variety of common medical situations. You may use these examples to discuss your views with your health care agent and others, or you may write down your choices as a help to your agent and health care team.

*

NOTE: These statements are not to be construed as limitations to my Health Care Agents' Authority, but are an expression of my wishes:

Possible Treatment Plans:

- A. I would want all possible efforts to preserve life as long as possible.
- B. I would want comfort care only, and would not want medical treatment, including tube-feeding, to prolong my life.
- C. I would want comfort care and tube-feeding, but would not want other types of medical treatment to prolong my life.
- D. My agent should consider the possible benefits and burdens of diseasefighting treatment, and consent only to treatment that he or she believes is in my best interests, as we have discussed them. My agent may refuse any active treatment or may consent to a trial of treatment, as we have discussed them. My agent may refuse any active treatment or may consent to a trial of treatment and then stop treatment if it is not beneficial.
- E. Treatment plan D, as described above, except that I would always want tube-feeding.

Possible Medical Situations:

1. Suppose you have a fatal ("terminal") condition. You are unconscious and death is expected soon, with or without treatment. What treatment plan would you want? (Select from above, or write your own.) _____

2. Suppose you are permanently unconscious from an accident or severe illness. There is no reasonable hope of recovering awareness, but life support could keep your body alive for years. (This is called “persistent vegetative state” or “permanent coma.”) What treatment plan would you want? (Select from above, or write your own.) _____

3. Suppose you are in a state of permanent but not total confusion, perhaps from stroke or Alzheimer’s disease. You are legally “incompetent” and cannot recognize or communicate with those close to you, and can do almost nothing for yourself. You could survive in this state for some time with medical treatment. What treatment plan would you want? (Select from above, or write your own.) _____

4. Suppose you are in a state of permanent but not total confusion, perhaps from stroke or Alzheimer’s disease. You are legally “incompetent” and cannot recognize people and interact with them in a meaningful way, but you are up and around and people are taking care of you. You are not in distress and seem to be able to experience some satisfactions in daily life, such as in eating or hearing music. Then you get an illness that might be fatal. What treatment plan would you want? (Select from above, or write your own.) _____

5. Suppose you are frail, chronically ill and uncomfortable, with a limited range of activities available to you. Then you become unconscious, at least temporarily, due to an acute illness. The illness is likely to be fatal unless vigorously treated in a hospital, but even intensive care offers only a small chance of recovery to your former condition. It’s much more likely treated in a hospital that you will end up worse off than before, or will die in spite of all heroic measures. What treatment plan would you want? (Select from above, or write your own.) _____

6. Suppose you unexpectedly suffer a serious injury or illness. You have less than a 5 percent chance of good recovery and, if you survive, will have serious brain damage. What treatment plan would you want? (Select from above, or write your own.) _____

7. Use this space to describe any other medical situations you would like to address:

Signed: _____

Date: _____, Print Name: _____, Date of Birth: _____

Address: _____

VALUES QUESTIONNAIRE

Created by Timothy R. Loff

The following questions can help you think about your values as they relate to medical care decisions. You may use the questions to discuss your views with your health care agent and others, or you may write answers to the questions as a help to your agent and health care team.

*NOTE: These statements are not to be construed as limitations to my Health Care Agents' authority, but are an expression of my wishes:

1. What do you most value about your life? (For example: Living a long life, living an active life, enjoying the company of family and friends, etc.) _____

2. How do you feel about death and dying? (Do you fear death and dying? Have you experienced the loss of a loved one? Did that person's illness or medical treatment influence your thinking about death and dying?) _____

3. Do you believe life should always be preserved as long as possible? _____

4. If not, what kinds of mental or physical conditions would make you think that life prolonging treatment should no longer be used? Being:
- unaware of my life and surroundings;
- unable to appreciate and continue the important relationships in my life;
- unable to think well enough to make every-day decisions;
- in severe pain or discomfort;
- other (describe):

5. Could you imagine reasons for temporarily accepting medical treatment for the conditions you have described? What might they be? _____

6. How much pain and risk would you be willing to accept if chances of recovery from an illness or injury were good (50-50 or better)? _____

7. What if your chances of recovery were poor (less than 1 in 10)? _____

8. Would your approach to accepting or rejecting care depend on how old you were at the time of treatment? Why? _____

9. Do you hold any religious or moral views about medicine or particular medical treatments? What are they? _____

10. Should financial considerations influence decisions about your medical care?

Explain. _____

11. What other beliefs or values do you hold that should be considered by those making medical care decisions for you if you are unable to speak for yourself?

12. Most people have heard of difficult end-of-life situations involving family members or neighbors or people in the news. Have you had any reactions to these situations? If so, describe: _____

Signed: _____

Date: _____, Print Name: _____, Date of Birth: _____

Address: _____

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