Speaker 1 ([00:02](https://www.rev.com/transcript-editor/Edit?token=obvzK_FThHSFG0rAlWagfX6-6APd0aHT6OD1end0hT66i6zmtsrYuSGdHp_8F2SlwXM6c12Qj8cW-j3GnfUYqE_AgS8&loadFrom=DocumentDeeplink&ts=2.49)):

Hey everyone. Welcome to this episode of Ask A Death, a doula. My name is Susan O'Brien. Today we have a great podcast. We have Joanne Hahn and Karen Hendrickson. They are the founders of the Death Doula Network of BBC. As a team, Joanne and Karen are pragmatic and heart centered death educators and facilitators. They are also licensed Willow end of life educators, speakers, and end of life doulas with training in coaching, end of life, community, death, caring, conflict resolution, and communications. This team has a passion for using the conversation around death as a pathway to growth and healing for individuals, communities, and the planet. Everything they do is designed to create an intimate, informative, and inspiring container for reflection and personal action. Workshops and trainings take place inside group processes that they are facilitating, using thought-provoking and impactful curriculum. And they are committed to creating innovative collaboration in the service of providing consistent, accessible, and impactful death education programming for agencies, staff, volunteers, families, and the public. Welcome so much. I am so glad you both are here,

Speaker 2 ([01:30](https://www.rev.com/transcript-editor/Edit?token=a2RGJchpI-TUsgzPX4cv01i3_8oyErxGlSymL2QoPmzXY2Dpj8FWBhEFtl9Fcct4Wo9C6OK-_9TCCID8y6h6zCQSfZM&loadFrom=DocumentDeeplink&ts=90.75)):

<laugh>. We're delighted to be here. Suzanne, thank you.

Speaker 1 ([01:34](https://www.rev.com/transcript-editor/Edit?token=FIRkHkjggkTc2brgjCAck3cUkgTjNFZRP_sqnxSUV-KwLbrI93PanaS23xVigAoR9qbTjr_53alyQKgFGi8bpcqgL6o&loadFrom=DocumentDeeplink&ts=94.03)):

<laugh>, thank you for being here. I've been following you since the beginning and I have to say my heart just is full. Every time I read one of your pieces of education, I see the effort that you're putting out and I see that the love of your vehicle is founded on and that is one of the most important things that we have, right? Cuz there's either love or fear in the world and when we have fear, so there's only those two emotions. And when we have fear, you have everything with separation and ego and just, we know the fear of death is number one in the world. And when you have love and when you use that energy to put forth whatever gift you're sharing in the world, it's felt and it resonates and it makes a difference. So I honor you and thank you. Thank you. Let's begin here guys. I wanna share with our listeners, how did you start this organization and when did you start it?

Speaker 2 ([02:31](https://www.rev.com/transcript-editor/Edit?token=RS-s2foRpebqKYRyqAefDJ6L84x5h62vbpabFtszP00y0SPqFzbX4B5Br6rayXRw4aszR2339umOfZLTBmLrI0olwuY&loadFrom=DocumentDeeplink&ts=151.12)):

Well, COVID has been good to us.

Speaker 1 ([02:34](https://www.rev.com/transcript-editor/Edit?token=SDB0oXS3KXImvt2vnoSFdQ8dflvN7nEnvnLgX1t3_RBLyXkq8826GVBc0purYXMfDOIOu1FjQ5uefGYZ5Bj9HaCAzlY&loadFrom=DocumentDeeplink&ts=154.13)):

<laugh>, I call it the, I call it the blessings of Covid, right? Cause I look, I look for blessings within everything. Sometimes that's hard, but yes, I like what you're saying here. Mm-hmm. <affirmative>.

Speaker 2 ([02:42](https://www.rev.com/transcript-editor/Edit?token=UIp6dcwEMXSAMENcUzi5KgekpZ9jVv4etBNK9JjChQgyIZ2zMo8fuO_EmCKCjtWCeJEGfFDIAEvY4NkdDDL2V1hPNJM&loadFrom=DocumentDeeplink&ts=162.84)):

Yeah. Because of c uh, Karen and I decided that we were going to start doing some online, um, educational series. Something that we have never done before. So I got behind the Zoom part of it and, and Karen and I started developing some workshops that we offered through, uh, reimagine, reimagine Worldwide, right? Karen, back in August of 2020. And, uh, we offered a series called, seriously, let's Talk Cuz We wanna Get the conversation started about death and dying. And that's kind of what kicked it off.

Speaker 3 ([03:16](https://www.rev.com/transcript-editor/Edit?token=c1MHcWp3W6c3Ses_Lo-hNiR-QuvUNilzlWGUlPTYs0tpn3EPI9ArJlLQiawdu0EfKgz36tp6CharMHJhu5zmDsSRjG0&loadFrom=DocumentDeeplink&ts=196.75)):

Yeah. Prior to that, just a little bit of earlier background. In 2020, we had started ourselves individually in each of our communities. So we're, we're about three and a half hours apart in communities. So I'm in the lower mainlands and Corona. And we started doing some in person workshops in our own communities that were just starting to take off. And then in March of 2020, we got shut down. And so we were like, well, what do we do now? And so we started actually test driving some of these online Zoom sessions with friends and family, like, come and help us figure this out so that we can, you know, figure a number one, have we got, can we get it done? Can we figure it out and start doing these things? And we ran from April to July on our own independently. And then we, uh, reimagined reached out to us and asked us to put together the series. We put together the series, and then the, the following, um, just grew. Just grew. And then from there, what we were hearing with the people that were beginning to engage with us was that as doulas, as new emerging doulas, even ones who had taken training 2, 3, 4 years prior, they really felt alone.

Speaker 1 ([04:25](https://www.rev.com/transcript-editor/Edit?token=ETsX4CyeU8gtIaZ0R7nQHw6a5-rSlweHh8uoPyEowBi079Lg5HEUx6zJ7VkfErQCs-BghSOdelMto7Dcp0FMi8vXoTM&loadFrom=DocumentDeeplink&ts=265.64)):

Yeah.

Speaker 3 ([04:26](https://www.rev.com/transcript-editor/Edit?token=a4kiEHFAmNWY4qTKz1jnV4MHr-mtZjwvNveUQJrKl593w1AZtaszmv_eSgv3PQSEl7ENnDXIBEgEEp2MNtTwod8Rnzg&loadFrom=DocumentDeeplink&ts=266.41)):

There didn't know how to begin, didn't know how to connect and contact many of these individuals. Not really having any prior sort of, uh, business experience or those kind of things. And so we realized mm-hmm.

Speaker 1 ([04:39](https://www.rev.com/transcript-editor/Edit?token=kPdun8cLaxKqv5ufSnphe7Tk5DcQo8EiaHAEwC1H2oXwsVfHRCE2XVRJpxrzAkErEaAmjfHbPytGgIpQM_pVR_zVwZQ&loadFrom=DocumentDeeplink&ts=279.81)):

<affirmative>. Yeah,

Speaker 3 ([04:40](https://www.rev.com/transcript-editor/Edit?token=OOmgi8uJW1iJmCbpkq-wInY-3EwB9H8Auie4K0YXbbXYfI13A43gpM8FyXuSMAfaXQnRpO70AljDpy60GAnPTtV8G8A&loadFrom=DocumentDeeplink&ts=280.61)):

It was time.

Speaker 2 ([04:41](https://www.rev.com/transcript-editor/Edit?token=U7f-E63yH2hpx22y7ahKxzoV1cA1ZcDaL0XDjT9FcNXabD0bNCC6u3NAaxeISghu5zT7wp6W-bXv1yVT3P0D6_mtPO0&loadFrom=DocumentDeeplink&ts=281.54)):

It was time.

Speaker 1 ([04:42](https://www.rev.com/transcript-editor/Edit?token=m5vrY1yRbJBos8ULoBqWzNL1VAeCjA3ywf62qQX-58Rfcbls6YYTyYfQ3JlvKbpCZIGmPldE6IPev_6oGfdbqosv4xQ&loadFrom=DocumentDeeplink&ts=282.67)):

All right, we need to dial back for a minute. So you were both doulas or you were both end of life educators within your own spaces and doing work. Covid comes, shuts down the in person how you were showing up in the world doing that work. And you're saying, what do we do here? So let's figure out this online world. Uh, so that's correct, right? So I'd love that. And so I wanna share, you said you're about two and a half hours from each other and you were doing work in your communities. I also know that you, and we're gonna talk about this, that you talked about doulas and not knowing they felt very alone. And I will say that when you have a community behind you, it has been proven that about 90% you are more successful. So we'll get to that, we'll get to that in a little bit.

([05:25](https://www.rev.com/transcript-editor/Edit?token=QaSZoTs13OWgxoBHGHNeGIzS0c8RnIwxIZvHAO66TmTNBMI_T8_Ru5DbRk8NPSKp8BgKd10aq-xJ6M8WBc0Wklx2VHg&loadFrom=DocumentDeeplink&ts=325.23)):

But I wanna talk about the blessings of Covid because we were very busy in international due givers before Covid hit. Mm-hmm. <affirmative>. When Covid hit, it was, everyone was aware that end of life can show up. Everyone was scared. And this is worldwide. So we, like you put up three life cafes a week so that people that are locked in their homes can meet just in community on Zoom, just, just globally get together. We had medical professionals contacting us. We had had families contacting us. It was very intense and and very heavy and showing up. And so I wanna honor you for figuring it out because I wanna say this is that the minute that things were shut down, people were like, well, I guess, you know, we just, I have to wait this out until things, oh wait a minute. Hold up. Yeah. <laugh>, this makes all the difference in the world that we want people to hear.

([06:19](https://www.rev.com/transcript-editor/Edit?token=3a_NPycJtY8pR09mpJPennIFI_NrzRVLEfJPG-1ioSdiVBjeEmmXZkpmkIoJ3D17tkibhQmtdqReXvRvsFQlbC9Pdbk&loadFrom=DocumentDeeplink&ts=379.28)):

Because now you're talking about you are a death educator, supporter. You've got a global pandemic that is killing people all over the world that we really didn't know and we probably don't fully know now, but a lot more what the heck is going on. But we know that people were dying and people were saying, well we can't support them, we just have to show up. No, no, no. We created tele doula from our perspective, we had already had it, but we expanded it. We needed to show up more than ever and create platforms. So I honor you for saying, okay, what do we do here? Let's put it online. Let's fig, let's figure it out. Cuz there always is a way and one of the beautiful things about online, the way that we can interact just like you and IR now, like we can meet with people all over the world.

([07:03](https://www.rev.com/transcript-editor/Edit?token=znyerDeaOPSZV--2Y_0EqbOtq1a60-vqA-MzUCijeHJFEBmvhArV7MVfCWWE67qlA8iux03EjA5hhINYuujDjkpJEsc&loadFrom=DocumentDeeplink&ts=423.95)):

I mean that's, that's magical. And it can, and it is in real time. So it feels really beautiful. So what I wanna share with people, and this is really how the death doula movement was birthed in its big totality in this movement part. Cause I know people have been doing this death work within their communities and things like that. When I was in hospice as a hospice nurse and I would go and say, you know, people are dying and it's not going well. We're just, we need to do more. We need to educate more, we need to be there more. And I was told by CEOs, it's all we can do. That's all we can offer. So for me, it's all they could offer in the United States within the reimbursement structure. But when we put a dollar amount and a time limit on end of life, we're doing something wrong.

([07:47](https://www.rev.com/transcript-editor/Edit?token=xCD-bfZuVnQwVe-15eeWVsDV8d9rkhu7b9KOMrMUUW73-xyLQ2wRMsxtJwtPDpuJtyUEpVPx9DFEwaMkzsdELSg0CrA&loadFrom=DocumentDeeplink&ts=467.64)):

And here's the beautiful part. End of life is not a medical experience, it's a human one. So I was like, how much is the reimbursement? Keep it, I'll go teach this for free at the library. And it just birthed this whole thing. So I know that you're along with that. So I want your listeners and our listeners to hear that when something is in front of you that seems like a roadblock and at the moment it might be, don't just say, okay, you know, that's what we look, look for answers. Which you did. And I will tell you also that like amazing things open up to you. Just like you're sharing. You went on reimagine, they were like, you know, then you put a series together and all these people started coming and then you saw other needs. So you saw doulas coming and saying, I feel alone.

([08:28](https://www.rev.com/transcript-editor/Edit?token=C7K9BXKrA4pbOG8JxvyIo_TIVdJsPeriYIy2OP_LWO4KflQkMG3nAZvC0gjsyoJeSVgRslJNxiA7WN_JdEd4pyNycak&loadFrom=DocumentDeeplink&ts=508.38)):

How do I do the business part? And so you kept at creating and I love that because you're following the universe's doors that they're opening and answering those. And sometimes I can be a really tall order, cuz that's all I do. <laugh> is wait for like, you know, that to come. And I'm like, really gotta do that. Okay. All right. We'll do that. Um, so I love that very much. So I wanna talk a little bit about, so that's how your organization, and again I feel like we're all moving in, you know, seven year increments cuz it's going so quickly with the movement. Can you share a little bit about the difference with end of life care within Canada and end of life care within the United States? What are the differences within hospice care and what's, what's supported in that area? And I wanna say medical area because we wanna, cuz you know, we know that doulas work with that hospice team or that palliative care team. So what are, if you could highlight what are the notable differences between United States and Canada within that system, if there are any?

Speaker 2 ([09:30](https://www.rev.com/transcript-editor/Edit?token=NDSpN4Adjoec_qh3pK7W5c_XzQt25fTQ_TirOqgAlNdaqjTNckzZT1gX2JfMtaFlFmXrOUwNjotRnfN8V-LUtKi0DIU&loadFrom=DocumentDeeplink&ts=570.64)):

Good,

Speaker 3 ([09:31](https://www.rev.com/transcript-editor/Edit?token=OWB3DkEpPxALScoUcExN13b-juBMwPtC421SJTmAjLmnFOJHcieqlmQ9okSmNMvFUpDb-bzShIXmaelu7e2zwDIkycs&loadFrom=DocumentDeeplink&ts=571.32)):

Okay. I, I think there are some. First off, you know, right off the top, uh, our understanding anyways is, is that many of the hospices and all of your healthcare system is a profit based. Do you Right. Profit based in Canada, that's not the case. Most hospices are nonprofit organizations. There are, I believe some independent ones, but most of them are nonprofits. Mm-hmm. <affirmative>. Um, and they really are really, um, the experiences that we've had ourselves and the experiences that our members tell us is that those hospice environments are really quite locked down in relation to, um, for the most part keeping doulas out. Right. And, and for whatever reasons, we think some of that is fear and lack of understanding and recognition that doulas really are about integrating services and enhancing the service and supports that individuals and families get versus being in competition to, and this is a common theme that we see in many things, right? This sort of fear of and misunderstanding that we're in competition versus we're actually filling the gaps that our healthcare system cannot deliver on.

Speaker 1 ([10:38](https://www.rev.com/transcript-editor/Edit?token=0oPwK-uGNcjR3HmOm4d1q6-ahBc-5HpZ4mI962mbjex8kuUbf9k40XtsRRQ3mfPSa_G9YcRqkEPM4S1eSDEfPC-ghuU&loadFrom=DocumentDeeplink&ts=638.42)):

There you go. Right?

Speaker 2 ([10:39](https://www.rev.com/transcript-editor/Edit?token=9z8J7hABtC_6z60l-4gL-LCCUADsrP1L1gWOlNLkwykkRF5_KWV6HYn4fJseEmftvEeWPzyaub8KH6Ew9CmvcDSQ3jg&loadFrom=DocumentDeeplink&ts=639.82)):

Right. But they don't understand that. They don't understand that they, like Karen says, they think we're competition.

Speaker 1 ([10:46](https://www.rev.com/transcript-editor/Edit?token=ELALkMmfncI9Ny4DwQOTAp0wPih32SoifJCxJVKLcFDGJD1QrFqWQt8eJE96JV6CtcATRe8Q2YCzb53pOThxc6vuT9o&loadFrom=DocumentDeeplink&ts=646.73)):

Well, we had, so I wanna share because this is important for our listeners cuz we're gonna really con bring us all threading through the, the global humanity, uh, life and end of life. But our, our country was like that as well. And I was a hospice nurse guys. I was a hospice and oncology nurse. And I had ins to all these people who very much respected me, knew the work that I did, said we love the training, just can't do it. Why it won't fit in the reimbursement structure. It's not a government licensure. But here's the thing. There was so much fear surrounding it's going to either, and this is what they thought back then. It's either gonna be families choosing hospice or choosing doulas. That's not the case guys. We are non-medical support, holistic support. And just like you said, Karen, there is, here's a huge gap.

([11:35](https://www.rev.com/transcript-editor/Edit?token=QUHaJuVwDzM89qJiJTpsoaEqXWwEORF1hKaTJacup2vgR11toV8rRxXlQlCyqJADri-CV2Scih8yHchYsH0dQBBNQIY&loadFrom=DocumentDeeplink&ts=695.74)):

Here's the family caregiver, here's hospice care. There's a huge gap here that they can't fill because of the way that they are structured and everything. And that's okay. It doesn't really need to be filled by them. It needs to be filled with education support and also these beautiful guides that can be there for the family and be the eyes and ears for the hospice team. Mm-hmm. <affirmative>. So yeah. So I think fear is driving it. And I think education of course is the answer to that. But it takes a, it takes a lot of work. It takes some work and love and time. What I wanna do is group us together so you can hopefully use the tools that helped us. Like right now I'm gonna be the keynote speaker at a huge hospice event because they're bringing in doulas, they wanna know about doulas. There's lots of, so I want you to be able to pull from those things and articles so that you can show that we're not in competition, that we're actually working together. Yeah.

Speaker 3 ([12:28](https://www.rev.com/transcript-editor/Edit?token=oM6anz8m3oS9cj48ZnqAIp55eyB3sQt0l4lkYiAzw_XRY-uToI-vNrArCvYjvB2VVDcA0VGwa3YMiQ91YMZS8d0HE_I&loadFrom=DocumentDeeplink&ts=748.7)):

And we are, we are seeing a little bit of that happening now within Canada in smaller communities mm-hmm. <affirmative>, right. In smaller communities where resources are extremely tight. Mm-hmm. They are sort of embracing this idea and, and testing it. And then we also do have a couple do, um, hospices in the country. I think Joanne, that actually have, um, their, either their founder or their, um, ed is also a doula, but they're not necessarily actively engaging in that work within the practice of the hospice.

Speaker 1 ([13:02](https://www.rev.com/transcript-editor/Edit?token=QkFQ7FDcdIRiUJaPMaXkUMqw4Wi_r0rMLdYP3gaDMvJ5_MjoUA1C8kPQptqsia4bxl74nGJynig7vufwYu1Ah7H5atI&loadFrom=DocumentDeeplink&ts=782.22)):

Got

Speaker 3 ([13:02](https://www.rev.com/transcript-editor/Edit?token=DAI4kCyk-4v9bfET95MNRspKmQI-Z4zV_d53T3ePi6JU9N0EOCcvHjt_C9j89lvz7nYVO1MPUv6iyNXNNfNeTvJnjs0&loadFrom=DocumentDeeplink&ts=782.64)):

It. They're just utilizing the knowledge, I guess, and how they're supporting

Speaker 1 ([13:06](https://www.rev.com/transcript-editor/Edit?token=vWm1auJ217XCATQDwUf_kj70UKsi_f5sbRE3x-_dkvgS09ezoRfy5d2-DmymSVt1As5QVmSgDCkjjBNS3n-FtR3VvQo&loadFrom=DocumentDeeplink&ts=786.51)):

Things. Yeah.

Speaker 3 ([13:08](https://www.rev.com/transcript-editor/Edit?token=7nB0vQQbySX8SnPmjyjkzmK2oayQLZVyGoPPz03Nzna41AoPPMf-Q2MPrbHsrNT33d8CRJOlGvzXf91RcE6g8etuCCA&loadFrom=DocumentDeeplink&ts=788.29)):

They're

Speaker 1 ([13:08](https://www.rev.com/transcript-editor/Edit?token=iIjXQpty5FZgbv-dMGK5JcjAk8lXHrZdrvHazOOoFmMth3jCICNGfj0v7zFNEHO5Tw1iEL8uSi6z11Lrq5aHUpWP6ic&loadFrom=DocumentDeeplink&ts=788.96)):

A little bit more getting there. Yeah. Yeah. I wanna show you something super funny. So when, again, I've been doing this, it's like going on like two decades, so I feel like a very long time, which is, but it, but, but it's beautiful because I can speak to you from being the hospice nurse within that space and we know that people are absolutely wonderful that work in this area of care and they're trying to make a difference. It's just because of the, we've never had an elder population like we have now. So that's surging. Okay. Cuz of all the medical advances. And that's a good thing. In one sense, in another sense, we've never supported a pop an aging population with the numbers we have now. And it's just projected for decades to come. So nobody really knows what to do here. But what was interesting is when I was getting shut down, and this is again like 18 years ago, oh we can't do it.

([13:54](https://www.rev.com/transcript-editor/Edit?token=XYlxWNO6Kht4VFxk8wWLNPKQHplgGqzogzDna8hpFu0Er-gWsshxu1qiUXizMg4cEh9GTBXFZPhF1EyuMpMguxvKkZI&loadFrom=DocumentDeeplink&ts=834.68)):

It's not reimbursed. Finally again, I taught it at the library and would teach family caregivers those skills, which the hospice nurse is supposed to teach you how to care for the loved one who's at end of life. And all of a sudden it really picked up so much momentum that newspapers picked it up and we're, our classes were full and families were calling hospices and saying, do you have doula givers? And what happened was those same medical centers that I had pitched at the front of this now asked me to come back and can you now do training for us and and seminar series. And so I went out to the family. So I wanna again highlight that if you're getting blocked cuz people don't understand it. Again, maybe going right into communities to support with education and say we're here to support you is the answering for me. It is. And then of course the education along the way. Yeah. So beautiful. I love that very much.

Speaker 3 ([14:48](https://www.rev.com/transcript-editor/Edit?token=gfU1MkAXIjV-QY_DYoEmKyrXKzmoJgYTVSkFP4d5AZ6gjq68AqeIKBsKgtmW20ohJvNSMddgBT03Gk3kvtEUAv2HKNI&loadFrom=DocumentDeeplink&ts=888.3)):

And that's a lot of the guidance that we actually, um, give our members now. Right? Yeah. You know, if, if you wanna do the work, then you need to be prepared to vote and educate about the work and the service that you provide and what that provides to families and individuals.

Speaker 1 ([15:03](https://www.rev.com/transcript-editor/Edit?token=MU5S563D6gDp7oni0BIVRJdjzNHiA4xmerkWiaCbavYAtI4EtjlFVB22472fcAeGtucdf0hqLjzMDWvGKOPfmj5uCbc&loadFrom=DocumentDeeplink&ts=903.32)):

You have to,

Speaker 3 ([15:03](https://www.rev.com/transcript-editor/Edit?token=zS8MMpQIVnlEbLRGHJmkPEgzr4DAxOtsY26fnOpckQCbas1GV7xtiO5ZFkeYHC4YLV1TNG0AtPZtXHPl0w18XR44aHk&loadFrom=DocumentDeeplink&ts=903.76)):

That's where we start. Right. And it's only once that you've done that work that you can begin to pull, you know, you're actually reaching to people like you say, who need it. Yes. Who in need of it, who are responding to it. And then the organizations in time will respond as well.

Speaker 1 ([15:20](https://www.rev.com/transcript-editor/Edit?token=vNYTDmEVQePhS8H7hYNXz0uruSD-Yw8RIXV_S1ZoLUA_OogHyzuYqhQpujWZgUNYIF4MXwOOJ1z_xaXLas5J5LYhEec&loadFrom=DocumentDeeplink&ts=920.83)):

They will. Because it's almost like, you know, they, they can't not especially, and I, and I think that we all forget the power is held in the consumer's pocket. And so even if you're just signing on, you know, with a non-profit or whatever, and I think people don't realize how much they really have as far as power goes of decisions that they make. And so if you have families now saying, Hey hospice, do you have doulas, you know, within your organization? And they're like, no. You know, it gets a, it gets a little bit like, okay, we might wanna check this out, but I really want to emphasize this is that doula givers, doulas help the patient, the family and the hospice team. Mm-hmm. <affirmative> because when I was a hospice nurse and there was occasionally an aid that that, you know, again, everyone who works in this space is wonderful.

([16:16](https://www.rev.com/transcript-editor/Edit?token=6-cJA9TrDQyQdwRB5sbsf4tuCcwDB-rUtDrhZziFvhyEA-ovDSEZz1_uOuMTRpMqSvoBVHqAOKH-X9HUhnBQ39d-zo8&loadFrom=DocumentDeeplink&ts=976.27)):

That had extensive end of life experience cuz that's the area they worked in just from their life experience. I knew when I walked out of that home, and by the way, as a hospice nurse in the United States and we're gonna talk about the different support system that's available in your country. In our country, there's no judgment here. We have to be very clear on what we have and don't have. So we can fill in that gap. Yeah. As a hospice nurse, I was there once a week for one hour if my patient was stable, that doesn't work guys. So I know, and I'm supposed to teach the family how to care for this dying loved one when fear is like all over and it's a short amount of time that people are in hospice. When I, when I walked out of that house, I knew how much stress they were in and I knew they didn't know what was happening.

([16:59](https://www.rev.com/transcript-editor/Edit?token=IZD84qxUm8eT4wfhHLmPeksJd_myTsnsc0U_u6ijtVQomGV_JZNE4VnUINISnx43s0D8ax1Ra8bkU27ZvF9SgxAkX-k&loadFrom=DocumentDeeplink&ts=1019)):

So they couldn't tell me if somebody was in a sleeping home or they couldn't tell me if somebody maybe needed, you know, medica, they were just checked out. I knew that aid if they were in the house, and again a handful of them would call, tell the family, call hospice. You need to bring them back. You need to let them know something's happening so we can come back and check the care plan. That's what doulas are now. Filling the eyes and the ears cuz they're thoroughly educated, the eyes and the ears for the hospice team to say, looks like Mr. Miller is heading into his transition phase. You might wanna come back and check and do an assessment that is worth its weight. That's priceless. Mm-hmm. <affirmative>, it's priceless what you offer. So again, helping not only the patient and the family, but the hospice team as well.

Speaker 3 ([17:41](https://www.rev.com/transcript-editor/Edit?token=z7a4wKTFcFuKVB-pB7HbZeVN_gK4W56rJ4pdPXPv7x4yVGxwgh34uvx5mmYWkH6Tc3TawXgQcBknYzgKhyg9O8R9im8&loadFrom=DocumentDeeplink&ts=1061.62)):

Yeah. Yeah. More time too.

Speaker 1 ([17:44](https://www.rev.com/transcript-editor/Edit?token=WnBkiEBJZfM5pRlCD06p3pvrk-VtsZ4Z0ra5gqcnGFo-NY-YIVJa9A7msGpqicp-JQcHduOccNKo9VfsiA66Vu6d0c8&loadFrom=DocumentDeeplink&ts=1064.83)):

Sorry.

Speaker 3 ([17:45](https://www.rev.com/transcript-editor/Edit?token=ZjessmxvNrU2NcyzKv1lhD_dJ7taSDsGtrvFhNahVE0riUJ5i7mCtL54gPNMwhXsu7SnfZa17GKFz8Y5EF-cpww8PVI&loadFrom=DocumentDeeplink&ts=1065.8)):

No, go ahead.

Speaker 2 ([17:47](https://www.rev.com/transcript-editor/Edit?token=Sg2gFk_mxbze2O4IXZXWHRhEnt55NsiwPqT2Hl_looO7PVHJSKBsSNzCXSx9z4Fn5sJsJxpKidmBbeeRIxWeGnkUiMs&loadFrom=DocumentDeeplink&ts=1067.06)):

I was just saying and spending more time with the, with the client. Right. I am a hospice volunteer as well, and I'll give it maybe one to two hours a week. You can't do a whole lot in that time, but as a doula we can Right. We spend that time with the, with the client and the family. And that's

Speaker 1 ([18:04](https://www.rev.com/transcript-editor/Edit?token=B15MMoFmbZWz4qN6IOwxgfy4uhyNTY4cZ7GJPorFtP_4jP6dr_04lQRd9l7NfibEj1GBpt4inC2iZ9SAtYK8fW4JBt0&loadFrom=DocumentDeeplink&ts=1084.94)):

Okay. Joanne, I want Okay, Karen, what did you wanna share? And then I wanna come back to what you did share.

Speaker 3 ([18:10](https://www.rev.com/transcript-editor/Edit?token=Wg4gSJ-rOBTWFoG7-KlvEO8De7yLrMsy5ZxR_bapDukmBBasMVRxQSx-qVl1qNSQkyD6OyfKxg3_kjJeQuD1-_j0AKU&loadFrom=DocumentDeeplink&ts=1090.27)):

So it, some of our environments here actually are bricks and mortar hospice facilities. Right. So they're either a unit within a hospital that's dedicated to hospice or their standalones. And even in those environments, having a doula supporting family is critically important. Just help and the individual and the family, um, get their heads around what's happening.

Speaker 1 ([18:33](https://www.rev.com/transcript-editor/Edit?token=j_1jlbJNwv8dvtxPwNKHdDZGYZRJZsGSY6oagQrf7ZKw6r6gkehdNJej1Hk1iE9SvFzBU-MmQLDgQNg422GyH-0it8w&loadFrom=DocumentDeeplink&ts=1113.52)):

Yes.

Speaker 3 ([18:34](https://www.rev.com/transcript-editor/Edit?token=DLu80h08QTDIkPD848QwpEklNIUsqpfrzXHNjO8eEGJxTpGIk3A8VWwj9hIQvTAi-szhXbwh_Gxjo6rGzUAYFqqJ9p0&loadFrom=DocumentDeeplink&ts=1114.06)):

Right. The emotions, the, you know, I mean, I, I sat in on a hospice, uh, check-in with a client at once and it was, you know, it's all about process, paperwork and procedure. It's not about individual and family in that re in that process. Right. And after they went through this check in process, asking all the questions I said to the family and the individual afterward, okay, so how are we feeling about what's going on here? Well the reality is they were scared to death.

Speaker 1 ([19:05](https://www.rev.com/transcript-editor/Edit?token=QIxQlGIkVu1FlXjlXTYLiU01QTO9DuaUIkcYAp_Zc-H3VCbf2f-3X30x7CiK3e8kljcnE2b4-DQD9sPsk5HyyZoY55k&loadFrom=DocumentDeeplink&ts=1145.34)):

Absolutely.

Speaker 3 ([19:06](https://www.rev.com/transcript-editor/Edit?token=FRlY6Izl5lwMByitgjtndWy3TktFyya5JDpBb490pRx3uZWdBq3JrRlK7Aj-nfbA3Ur6K-oMQfIFK102eRuE8ZVvLhI&loadFrom=DocumentDeeplink&ts=1146.6)):

The nature of the questions, they, the, um, all of the emotion that comes with having a person go into hospice and nobody helping to debrief or acknowledge or work through any of that in relation to being able to see what they can do, what they do have control over within those environments. Right. It's crucial. It's crucial.

Speaker 1 ([19:29](https://www.rev.com/transcript-editor/Edit?token=UKqZubx-VJsfJUuaQhDk34UIHUkhEHWiFjP1u62kOeUxiM004pjHlrESyWAIhaYWrsUK61i-0p3v7_7D5fha6NWLU64&loadFrom=DocumentDeeplink&ts=1169.17)):

Absolutely. You know, time and everyone says, what's the differe between a hospice nurse and a do giver? What's the difference between a volunteer and a do giver? Like all of these things that we ask, these are very important questions. Time, time and roles. And time is the best medicine you could possibly give at the end of life. It's also the best medicine we can give in life. And I mean, time grounded presence. Right. So not coming in with my computer flipped up as the hospice nurse. And I remember at my end of my hospice time, and I loved it, if you, you know, I loved being a hospice nurse. They told me that I needed to document on the visit. So now let's break this down. I would be visiting and you fall in love with your families all the time. One hour, once a week.

([20:11](https://www.rev.com/transcript-editor/Edit?token=uXt5S8GP8evpqiSKQIjxCq_RLmcbP9cONn4iuZ5vyUP-k5kvtd1Z1HmUh5oy4-kF0pTBHoD7uRvB2XaKTGM7BafET7Y&loadFrom=DocumentDeeplink&ts=1211.12)):

And you want me to go in that hour, flip my computer up and be, what is your pain level? You know, like, not, not there. And I said, I won't do it. And they said, okay, you have 24 hours to get in your documentation. So every night at the kitchen table, one o'clock, two o'clock in the morning, I was doing it. I mean, that has a shelf life, right? So I want, I want people to re be reminded that the power of our presence holding space is, is everything. Is everything. So that leads me to the question on your hospice and services that, and again, there's no judgment here, but what is available and, and Joanne, this comes back to you for a minute, as a hospice volunteer, which I wanna thank you for. Cause they're absolutely amazing. Our hospice volunteers were only allowed one to four hours maximum in a couple of hospices, but usually it was only one hour or two a week.

([21:02](https://www.rev.com/transcript-editor/Edit?token=wlttBV4e6TsPadQCRxMf-jTUDOKs93OY0sW5X283pnyMLikZknGxN63-Ffj1IokNgAYW4eSq3Fq7T3UAsQOaJdXqd48&loadFrom=DocumentDeeplink&ts=1262.96)):

Mm-hmm. And they weren't allowed to do much of anything. Mm. So love the, love the volunteer and so beautiful that people wanna show up to do that. But are they really supplying what this family is really needing, only being able to be there a short time. So again, we've gotta fill it from the outside. Okay. So I, I wanted to ask a question to you, Karen. When you talked about facilities for hospice patients. So there could be a wing in the hospital, but there could be a standalone. How many beds are in a typical standalone, um, house?

Speaker 3 ([21:40](https://www.rev.com/transcript-editor/Edit?token=dhl3sMVyIyQHBqbLsJ0RNGOOj3CHMAfL0iJW9yy5K8jzRkFLu120K6FXgrYAEIt0nSRvmzb65AyFXg0wg7zFcM0KwkY&loadFrom=DocumentDeeplink&ts=1300.3)):

I think <laugh>, it

Speaker 2 ([21:42](https://www.rev.com/transcript-editor/Edit?token=Aa7sqNg6yz1AjlR4s2YhYc3cybrywu8KyzwrVQiWUrJAzECijmpXh4w9zmsMxUOdSqHoRNj8rDbJp7QoaMlrgMS6K8E&loadFrom=DocumentDeeplink&ts=1302.39)):

Varies. It depends. I think. I think our one here in Cologna, cuz we have two wings and I think there's 30 beds I believe.

Speaker 1 ([21:52](https://www.rev.com/transcript-editor/Edit?token=J4-8D8u-qItliz9DquYmxE0qdwRPzhrFgXdkkcDCIjLJROw6j1QDnIvA5zn_ATu5YgBAmx1iwLgW98t-T4ks42XBnuk&loadFrom=DocumentDeeplink&ts=1312.51)):

Okay.

Speaker 3 ([21:53](https://www.rev.com/transcript-editor/Edit?token=exRmqrxk5ZOmahbWwrWCxFAkS7aEhQqCCw73QLlBNi07cbhsEDW7fhkUCoAZtqDUcnq1OV6vXFu0ta-Ftb3KxPreAgM&loadFrom=DocumentDeeplink&ts=1313.21)):

Hospice beds or palliative care, which they

Speaker 2 ([21:55](https://www.rev.com/transcript-editor/Edit?token=8Sfl0XHTRBUApaGDZ7VjbzIkuytVfsStjQHlCR1uxSKV-4l3aDFz19Xh2cL4MVXhq-56DMdoMUiUJ3TLacR0D9t5laU&loadFrom=DocumentDeeplink&ts=1315.92)):

Don't No, it's said hospice. Hospice house.

Speaker 3 ([21:58](https://www.rev.com/transcript-editor/Edit?token=D3EjNORqjg_9tXdqOZYKD1nnV_dTWW6YoaFP0PEBxgu2DTOy_ObmTt57_j3abIqvfETKAySZ4YHxujQXH1qPNrUfYao&loadFrom=DocumentDeeplink&ts=1318.35)):

Yeah. Okay. Yeah.

Speaker 1 ([21:59](https://www.rev.com/transcript-editor/Edit?token=_hubBhTo-VieQO34vj40o1VxODni84DhLXNT8zIGsQKO41AqY07mLY4MLdX_jdBGw6LuMaqi2hwBo1a35OsoULd0dHQ&loadFrom=DocumentDeeplink&ts=1319.51)):

That's quite, that's quite a high number.

Speaker 3 ([22:01](https://www.rev.com/transcript-editor/Edit?token=sHn1Hncz5tuiOlnp3jzzDLQgfohNnWjiJyexdR5vAdbcRjwRNUywHy7gFZzQ93FIPxgGjfeac2EJIBtW-l0IW-J2HoA&loadFrom=DocumentDeeplink&ts=1321.32)):

That's a lot. Yes. In my community here, our standalone Bailey house has 10 beds.

Speaker 1 ([22:07](https://www.rev.com/transcript-editor/Edit?token=gC4ZK18iejXl6NrjZ7rmnSQHX1EMexxozByh8xogChK8gboks542QnPHRTy_rmOHQiBi67ojHe5YdAAwN7zdDjI1mss&loadFrom=DocumentDeeplink&ts=1327.9)):

Yes.

Speaker 3 ([22:08](https://www.rev.com/transcript-editor/Edit?token=48-e_RpSYU6LSCcIuwmrTuGbj5COwBqnyk9JpxZtb9ontMWQfPtf_AZceV7Upq8Pb67T0ax_39PDqjq4Pc3yAgwSAmw&loadFrom=DocumentDeeplink&ts=1328.59)):

I've heard of some that have two.

Speaker 1 ([22:11](https://www.rev.com/transcript-editor/Edit?token=XfzFCkH3YTl8R8aaFH2dxIImwGiHY-Et2L8DIg-Ow0gMF0QzABjrGILBp6cTP5aABjj3tmIoH671Wqa6nOpBu91K7ns&loadFrom=DocumentDeeplink&ts=1331.02)):

Yep. Ab so our country is, um, sprinkled with 2, 2, 2. You know, so when we think about the staggering number of our elderly and we think about the need there two ends.

Speaker 3 ([22:23](https://www.rev.com/transcript-editor/Edit?token=ERIsPf2AkzYBFs-SkthnSaCvcjHufw3vMvWOt60QBj_g_WD6hofAzdEnjwHK-mKPnybsfB1w3ya5_Xs4y9kIUv-f7R0&loadFrom=DocumentDeeplink&ts=1343.24)):

Yeah.

Speaker 1 ([22:24](https://www.rev.com/transcript-editor/Edit?token=8AcoGmDyC47EhQFJJmuotL--yV2WLS0Xvjunp0uTQmLDLcyEBbClwvQbSzcZcb-Bv6sGwBf3BmnmtniudF6155pq7yA&loadFrom=DocumentDeeplink&ts=1344.04)):

I thank you for doing two beds. But again, this is broken down by the laws that govern how that runs, um, is not really gonna match what the need is. So we do have something in the works called doula houses where there'll be these holistic homes that people can go and not only for the end of life, but hopefully for aging as well, because we have this huge demographic that are not necessarily end of life yet, but need holistic care and deserve that beautiful care. But especially to be there in the end so that it's not a lot of people don't even have family. So it's not that pressure of that. But also there are families that, that don't feel comfortable in this space. So having these doula homes, um, hopefully to somewhat replace the nursing system that we have in our country because there's just a great need for change here.

([23:11](https://www.rev.com/transcript-editor/Edit?token=E8e1pes_jxH7maqTEuDabYXD23vTIrwuIMEohI8xMJiApf9tOrrklsZCTlOqeJ-S65DFH0HuLo-V_f9M40ZZLPxFukM&loadFrom=DocumentDeeplink&ts=1391.62)):

So hopefully that'll be something, but again, it can't be just too bad. So it has to be a bigger, and I'm even thinking going, expanding that to communities where you have more of a doula community that people take care of each other and do things together and kind of bringing that community, taking care of community. So the vision is big, but they should be. Um, so I understand. So I think there's a lot of similarities where our hands are tied, again, within the medical system for end of life. And we just talked about it, that it's beautiful what those people are doing, what they offer, but how can we show up to support them to do their work better? And then one of the things that is the answer in my experience to all of this is bringing the awareness of death back into the natural, sacred experience of life.

([24:02](https://www.rev.com/transcript-editor/Edit?token=zokPK9IQGZCJZL04Z2kUVGI_FtNdK3J3Y9CWJTv2FJCCNQQv_gDPWoXQpuhLlBZK9aSgNVhXMx1S_TMRAQp1OKNCANQ&loadFrom=DocumentDeeplink&ts=1442.85)):

Because when we show up and look, if anyone knows any different, let me know. But a hundred percent we're all gonna have an end of life experience. Right? And so we know it's gonna show up, we don't know when, but I've had patients and families, and I totally understand the fear surrounding this, that have lived with the removal of death their whole life and their loved one is 96 years old, gets a terminal diagnosis and the family is like, what do you mean fix it doctor? So we have a lot of dysfunction and pressure on our doctors to keep it going. And, you know, we can keep life going, but living and keeping people alive are two very different things. So the time to face that we have a loved one at end of life is not when it's in front of us. It's way back here.

([24:49](https://www.rev.com/transcript-editor/Edit?token=36CAaJCaeRhJrf5xijcjFOdlxXN6t37ZgB6LckVRC_-YG95M9-8x-9ian8_b7LUTgbrYStCBNJty_PNmt9217VNLebc&loadFrom=DocumentDeeplink&ts=1489.73)):

And that really does start with you and me, not as doulas, but you and me as human beings that say, well wait a minute, what would I want? Would I, what would I not want? Share that with my family. Think about that. Put it in whatever documents are important, have that conversation so that when it does come, you do have a good blueprint about what you would want. Makes all the difference in the world for a positive end of life. So the education piece, Karen, Joanne, that you're sharing with your doulas that we're gonna talk in a little bit is so critically important. Not just for your doulas reaching their community with what they offer, but opening up this conversation in a safe, beautiful way.

Speaker 3 ([25:27](https://www.rev.com/transcript-editor/Edit?token=rQWRn0VYkPh0J5SUnjsdAqULq2_QPdBlVldgaj1Dl1HkRf3Rq85CmoohNcOv-J-DTyqzcXqc9VWwhQsKelMrfQl48G0&loadFrom=DocumentDeeplink&ts=1527.51)):

And I think the biggest piece on that whole education is you talk, yes, we have to give consideration to what would we wish for in end of life planning. But even more importantly, when we reach this place where we have a common comfort and acceptance with the fact that we're mortal beings. Mm-hmm. Right? And, and all of us are going to die if we really pay attention to that. We'll show up a little more vibrant and living more of the life that's meaningful for us today as opposed to putting things off. Right. We'll say the things we'll do the things we'll take the actions, we'll quit the jobs. We'll, we'll, whatever travel the world, we'll do the stuff that is really important to us that we're waiting for one day we'll get to. There is no one day, there is no waiting.

Speaker 2 ([26:14](https://www.rev.com/transcript-editor/Edit?token=9aVEounA4VNl6RUjU4-R1Bmn3pq678O45ZPXfBuRHjQWi2ze8XLYs-goWT3Lm0WgYqc-Oi_X5vDpyeGuAxBApOkZnNE&loadFrom=DocumentDeeplink&ts=1574.41)):

There

Speaker 3 ([26:14](https://www.rev.com/transcript-editor/Edit?token=a1pc3DeUPd2a50pGzaKiH3M-OM0gHLz1J26e3lff28OQqql0FFiEhjWFUzuY3W-k_AFUW40eBsSSuqGtrhSF0B4fN1o&loadFrom=DocumentDeeplink&ts=1574.97)):

Is Right when you get to this place where, you know, you're, it's the reality of our own mortality. Right?

Speaker 1 ([26:21](https://www.rev.com/transcript-editor/Edit?token=zAHOxCFZE-HamMkRSuNRhBwZLvDGUQ2Rd-9Qt407wRwHxY7ukdVvT6zsohHF8sCEiZ0Sfuc2DFtoPEjYc5PLHZ1QB10&loadFrom=DocumentDeeplink&ts=1581.86)):

So let's go, let's go into that. Joanne, what do you wanna share?

Speaker 2 ([26:24](https://www.rev.com/transcript-editor/Edit?token=r4zcWdhZaRe9UGdXxFmnTkvEgFm9z8vbpBLSab5hh4YZtlEu7PRafbGUmBB-TvKoQNqFycfsxwZBXOw1ws7jPsbrqoo&loadFrom=DocumentDeeplink&ts=1584.6)):

Well, I was just gonna say that, uh, this morning I was just cruising through my Facebook and a friend of mine posted, um, that she was devastated. She had just found out that a friend of hers had passed away a few days ago. She said that we, um, the two of them had chatted briefly over text, but she didn't really pay a whole lot of attention to it because she didn't have time. And now she's looking back and going, oh my goodness, I didn't have time to reply. How awful is that?

Speaker 1 ([26:53](https://www.rev.com/transcript-editor/Edit?token=G5Xjxxm8A84F0jrcOQjxf_tLhixEZSb7FEFcCsK5OvLi8IPhEAPDmDwG_t2P1nlUr2laD11Fy86u_lcDu4LQ-kBE5Ew&loadFrom=DocumentDeeplink&ts=1613.89)):

Mm. Okay, we're going into the next section of this podcast. Now. This is, this is, to me, this is everything because I wanna share with you that I've never felt more alive than when I started working in end of life. And not just because obviously I'm living and I have the ability to do things, although that's a huge part because of the heart centered connection, because of the connecting to something so much greater than just me because of the finding my purpose. And, and here's what I wanna share too, is that I do, and I, from the very beginning, it was that family caregiver level one that's given for free because when they said we can't do it within the structure, we won't get reimbursed for your training. It's great. We can't do it. I was like, okay, keep your money. I'm gonna go teach it for free at the library.

([27:40](https://www.rev.com/transcript-editor/Edit?token=Z5k9aKr9YM-T6T0w5hLdGZ7a80elfOJXzEzvkxBLQJwIjjWUN6Mz1jc5uE4_vtA7_yTxqojcnn0CwS6DR0ftAnnE-MM&loadFrom=DocumentDeeplink&ts=1660.16)):

That's how doula givers started and that's how it is today. And so when I put it online, and again, thank you technology, right? We have people from all over the world come every month. I teach it live and stay on there. We have people from, you know, south America, from Japan, from New Zealand, from all over. And guess what they're saying? They're saying the same things about nobody discussing end of life, about medical staff. Like, you know, going in the opposite direction. And this is sometimes, you know, third world countries that are even sharing that. So let's go into the humanity and the connection about learning about life and what it can teach us about making this world a better place. Cuz you just shared it. And so for me, I remember coming home from hospice and, you know, be a beautiful day and being able to walk around the lake and just feeling so grateful and appreciative for just sunshine and for just being connected.

([28:45](https://www.rev.com/transcript-editor/Edit?token=Ha637whiBEHW9JMGzFRcKGf9LiQkR9LbwzVBb0aDMrh_wiTUQtVPKyTv5K3NdWo6z4rwD3yUbueYnzkR8NzeTRhcyKQ&loadFrom=DocumentDeeplink&ts=1725.04)):

So think about it, when you remove, cuz we've removed death, right? From our awareness in the world. By the way, when you remove the greatest teacher about how similar we are about what can create a different lens for you and perspective about each and every day that you have and what you said, Karen, don't put it off. Climb that mountain, quit that, quit that job. I'm gonna say that cause I think there's a lot of people listening right here, <laugh> quit that job because when you, when you spend the majority of your time or such a huge chunk on it, on something that doesn't give you life and light you up, like you're wasting your life. And, and it's so important because we we're told things right by society and our parents, and we try and fit into something that they say we're supposed to do.

([29:37](https://www.rev.com/transcript-editor/Edit?token=h0Gn_p1Avt4Vlgqqb0WrvDfJAbhHuvUI2bo-d9J6xPa4IDi3pN8mkfRHimowi5yGbJWHkH4EzXq6paERU2aTCqxK2Zw&loadFrom=DocumentDeeplink&ts=1777.51)):

And yet we're empty in our soul. And if you're living for Friday at five o'clock to start your life, like there's a problem there. So I just want people to know that. And then the other thing that I've learned from my patients at the end of life, so they say death is the number one fear globally, by the way. And so I wanna, I wanna share that and I wanna get your perspective on it. So from my patients, yes, it was, there's an unknown around fear, which again, if we really talk about that, what is that fear? People are like, well, I'm not really sure because there, there is nothing that's pinpointing that we should be afraid of that. But yet we've been told to be afraid of it and we don't know about it. So, you know, it's almost like the fear of the unknown.

([30:16](https://www.rev.com/transcript-editor/Edit?token=dCNRXldn-dMky_hjtTar8a8i9QGBA7lYIOcBng2pfDZdNsSgjFHXeMsuw0kQIID9WD7oUtt-J-1yFLFZk65TaPa8LTQ&loadFrom=DocumentDeeplink&ts=1816.17)):

So that's one section. But for my beautiful people, patience that are at end of life in that space, the fear was not that, oh, I'm fearful of what's gonna happen. The fear that I saw from them is that they were like, my time is up now and I did not live the way I wanted to. And that's, that's the heaviness, that's the regret, that's the fear of the sadness. So we really want people to be invited into this space for the teaching about living right here, right now. So what do you wanna share about that?

([30:54](https://www.rev.com/transcript-editor/Edit?token=Om1zqdZALdLSmT5jLjvYyNybq7iaTTWAUm1ZyD50xpawT5NWkrVqpCAa7ILDkTZYf5vSlPtFpUHZRv9OL0b6PH-lp8U&loadFrom=DocumentDeeplink&ts=1854.74)):

And if you just wanna give an amen, you can. I mean, it's like whatever you wanna do or however, like, oh yes. Because it, it really is important. And that the other thing that, that I want people to know is no matter where you live in the world and who you are and what religion you are, this is what connects us all. And when we are pointing at each other and saying, well, you're different and this and that end of life is your greatest teacher about, my gosh, we are not different at all. In fact, we're all connected. And if we brought that back, what a different world we would have. And the universal lessons that come with that presence, compassion, kindness, that we're all connected. Like guys, we could change. We are changing the world. I'm not gonna say we can. And your organization leads with that foot of love and and embracing community on all levels. And I, and I applaud you for that. And that's really again, why I wanted to shine a light on what you're doing.

Speaker 2 ([31:53](https://www.rev.com/transcript-editor/Edit?token=gbWKOQNIqbjRx1oy1eHIrP-fnVOAaD5wGRox9yk2JKWHI69loAGO59T48kRRMmH5bewnQ8XP1Wzuq0Yjbetz39qGfoo&loadFrom=DocumentDeeplink&ts=1913.35)):

I think people need a reminder about what's important to them. I know I've, um, I live in a beautiful place. There's lakes all over, but I've driven from one point to the other, not even remembering that I passed the lake because my head's someplace else. And I think it's important to ground people and remind them of, you know, what is real. Like you say, if you live for Friday night because you hate your job, something's definitely very, very wrong. But it's the fear, the fear of the change, right? The fear of taking that leap. Same with the end of life. I don't wanna know about it because if I know about it and start talking about it, I'm gonna die. It doesn't happen that way. You know, <laugh>, I, I talk about winning the lottery. I, I haven't yet.

Speaker 1 ([32:38](https://www.rev.com/transcript-editor/Edit?token=Gc4BcfYM9YzG0celas6bDK49zAZoj1G_8etjyRbPLkmo297FY2b-uIPtYLgho9GzTWtV9J8l1udDs5U3nd6QuL7sj0g&loadFrom=DocumentDeeplink&ts=1958.67)):

I talk about dying. I haven't yet,

Speaker 3 ([32:41](https://www.rev.com/transcript-editor/Edit?token=QRhR69FRYOOmAqnD3Cm6IouH_zBMKJET7zMMZQ9KfNDjjWnUDsr3NUjY3Z_uzBQ8vpEn1LncTK0ri-mnsaHjX-uBc9k&loadFrom=DocumentDeeplink&ts=1961.29)):

But you will.

Speaker 1 ([32:43](https://www.rev.com/transcript-editor/Edit?token=eX5-PyCnI9KvW49P1zUWi9KiXhmT-DlgCdVWCptx2x8klfU6IOrh0-2wzdf-zeyQ-8m1gli9IfsdjmSYTi9H2U_Fm5E&loadFrom=DocumentDeeplink&ts=1963.26)):

What I could

Speaker 3 ([32:45](https://www.rev.com/transcript-editor/Edit?token=R-eptPTIiKJ27Ke1wxR3wSzbBWu-wFLjIp4BQ42Q4XY595wn33Bc2jeQNTWFle2A0QGTUyWry4H8cnlBMVdQONbwIiA&loadFrom=DocumentDeeplink&ts=1965.39)):

<laugh>

Speaker 1 ([32:46](https://www.rev.com/transcript-editor/Edit?token=opBe0yJE0S7SgT4vdRETEjZoU5-3VcUJIoJs9IxTShPeT_vmKBG_nbQPARMVvAY8-S6JG0wbV27jrjdrThIVn9TtpZo&loadFrom=DocumentDeeplink&ts=1966.42)):

I think what's such a gift with us in this space is that most people haven't seen end of life. A lot of people haven't. And it's like they don't know the truth about it. So they're what people are saying or people are saying, you know, avoid it at all costs. When we're able to show up in a loving, safe space to share with people the beautiful end of life experience, the sacredness, what we've learned about life, what we know can make a better end of life experience, um, then people are like, wait a minute, this is empowering and this, it doesn't have to be scary. So again, those of us who are called and you know, it's a calling, it does, it picks you, but we've said yes to show up mm-hmm. <affirmative>, maybe it made no sense. Like for me, I had no end of life experience at all in my life.

([33:33](https://www.rev.com/transcript-editor/Edit?token=65Adlf7x5kgwEw5QisjXuSMswLBmqe7Vr480lhfqFXVNX8MM_uKZipYB0hA4MN6tGS9gW13iFUcneQQfoqcP2zE77Ew&loadFrom=DocumentDeeplink&ts=2013.21)):

And when I kept hearing, go to hospice, go to hospice, I was like, why am I hearing that? It makes no sense. And, and I was a nurse and if I left that job, I would be taking less pay, less benefits. It made no logical, but I trusted it anyway. And that Joanne, Karen, and I want you people to hear is that that's where all the magic happens. Yeah. And so when you just said it's scary, right? I don't necessarily know what that looks like, but I'm feeling it. When you step into that trust and belief in your knowing that this is the right move for you, that's your whole universe opens up in ways that you've never experienced before. So I love that so much

Speaker 3 ([34:15](https://www.rev.com/transcript-editor/Edit?token=AfLIaeoo58qwk2fbIxn6XEdrWQYoCtGSZ9ZXdLyF3pUODEPMEOa0Fs-XpHE_NNxXuUqU0ZHcGfsWocTLaZiRsWAtDoc&loadFrom=DocumentDeeplink&ts=2055.52)):

In my, in my coaching with, um, emerging to, as I will often say to them, if you cannot find a way to step into doing the work with a level of confidence and just trust in yourself Yeah. Right. That it will work out. If you can't trust in yourself, it's unreasonable for us to expect that others will be able to trust in us.

Speaker 1 ([34:39](https://www.rev.com/transcript-editor/Edit?token=4V2IT-NoweacnHwNZivxkegPn1fHeoYaw2KRuRRMO2LkVSvItYyjg2Ih4ATblEadEf0d8mX2dCFF8Yn7luZb2bwuDuE&loadFrom=DocumentDeeplink&ts=2079.44)):

Of course.

Speaker 3 ([34:40](https://www.rev.com/transcript-editor/Edit?token=IW6hx9HMBM918SCVvQjPtsHnMF2tUcQHPBNzFQSwgCj754D_FM3puN3g7cdcGOfLJeetVUv7hHoC1LcIl--H4nvmwQA&loadFrom=DocumentDeeplink&ts=2080.59)):

Right? So you it's it's taking that leap of faith within ourselves to see that the universe will respond in kind for sure. Right?

Speaker 1 ([34:49](https://www.rev.com/transcript-editor/Edit?token=vqj5XIASH0tOKOusX8Huyqu5kez1F9dyaJ3xO8sFGZ8gXIU7m7jwqsqDdR1Iwch_4pA_WHvNbo2ZT2UwTwYP01l8lPM&loadFrom=DocumentDeeplink&ts=2089.25)):

You show up the minute you show up for the universe, the universe shows up for you absolutely everything. I mean, it's absolutely. So I wanna, I wanna just share because of the extensive amount of time that I've been with people, the end of life and teaching me everything about life, that we actually have two directionals that are part of us. And I think this is the confusing part that people don't understand. We have an analytical mind, right? So we have the mind that is, you know, absorbing and programming. It's kind of like you're internal Google of what you're exposed to, what you're taught, what you're told. And then we've got the heart guidance.

([35:22](https://www.rev.com/transcript-editor/Edit?token=N9uB7zkzayJQeuXMt-0BRHEt61Hbjmxf8sgh2B0QdY0l_ZbjU7nwpAwPiF721YZmuhM9Fs-sGuSsDW4qBz4gbld-76o&loadFrom=DocumentDeeplink&ts=2122.92)):

So I'll teach our doulas that not what do you think is going on or what, how many times have you walked in and said, how are you doing today, Mr. Miller? And he says, fine. And you immediately say he's anything but fine. He is anything but fine. So I will always teach and I'll teach people about their life. It's like, what do you know? Not what do you think? Cause the ego, the fear that's all in there. What do you know to be true? And trust that, because it will always lead you on your path. So I think it's really important that we kind of understand that so that we can say, oh, wait a minute. Okay, this is part of our holistic being and let me go into my heart and let me see if that's the right path. And when it's a yes, you just feel it, you know it. So I agree with you about the doulas, let's talk about that because you have a beautiful organization that does education, but also membership. So I wanna ask you, in your reflection, what has been the greatest needle mover for you as an organization? And then I wanna ask, what has been the biggest needle for your doulas within this space? And I'm gonna share with you what ours are as well.

Speaker 2 ([36:27](https://www.rev.com/transcript-editor/Edit?token=08CD6eCyGYtmuIgWnM8cI7FYSYGpnW5x_NzY0mtZp-KwIIYsjurJ6piK7N8mdfEIw86SnBMxy4WPLvNu7qP3unVGRlk&loadFrom=DocumentDeeplink&ts=2187.21)):

Wow. Karen, you wanna go on that

Speaker 3 ([36:30](https://www.rev.com/transcript-editor/Edit?token=JBncGd7Bdi5AsgZiPLWABGGQMfvBARKP4e3H3yzIkgFdQvbZ6z-SRQNB9pHLYZVJK0clvYrCZgBZxbrqLZx1vgJegyU&loadFrom=DocumentDeeplink&ts=2190.47)):

One? You want me to talk on that? Okay. So I think that the biggest needle from the perspective of, um, membership mm-hmm. <affirmative>, um, and the sustainability and the growth that happens there is, is first off, knowing that when Joanne and I showed up in this space as the DD C, we showed up with it with a heartful intention of integrity and love and support and a supportive community, right? So our intention was to create a container that people could engage in and learn, but also build community if they, if they, if they committed to participating and actively engaging with each other within the community, regardless of where individuals are located. And so what we know is, so we don't do a lot of aggressive social promotion on membership. Our membership is growing organically. And, um, we love that because the people that are, are talking about us and sharing what we're up to are doing so because they love being a part of it and because they can feel the heart and that intention. So that has been, uh, it's a differentiator for us, we believe, but it's also, um, moved the needle in relation to how the community responds to us. Yeah. Um, with respect to what's happened with our, with doulas within our community, within the network, we've seen some pretty amazing stuff. Right. You wanna talk about some of that?

Speaker 2 ([37:56](https://www.rev.com/transcript-editor/Edit?token=ERJUWRZFffUEla1yNWQGVWIFAaS92WGziRFp06JpOzLIINssy3kOSGsKNWb-2tBVX925pN_pAazKuUEd8I99H4_aqwg&loadFrom=DocumentDeeplink&ts=2276.37)):

Yeah. People in different parts of the country, right? We had one that, um, two of the, uh, people attending were in the same city and they didn't know each other and all of a sudden they connected because they needed that community. Yeah. Um, we had, one of the comments we got from a, a recent, um, we do a, a program called Dishing with the doulas. Right. We just come on and it's open conversation, sharing of information. One of the comments we got in the feedback was the way that you you showed up in the space was amazing, but you also shared other people's resources.

Speaker 1 ([38:33](https://www.rev.com/transcript-editor/Edit?token=0pU00UuJiegHK_a74xvWB4_LJ4Cf4u2ue0Gg_xQexTRPq2Pte0JKRSCjaxZTaLvAIFijjIz0efD4mW7Zw0wiU8t-ooM&loadFrom=DocumentDeeplink&ts=2313.93)):

Yeah.

Speaker 2 ([38:34](https://www.rev.com/transcript-editor/Edit?token=BDxjmimEwMcO4wY7Xj78KqQ8TOK6xSVkJLbiz55fO07iBDN4vWVAxw2gDWGNMyDoUd_xVvKgS3zU1nPLJNUf74mAVrA&loadFrom=DocumentDeeplink&ts=2314.44)):

You know, know, and that's huge. That's part of the community connection, right? So we have, we have members that are doing workshops or fireside chats or whatever. And I think it's important for us to share. That's cause it's not about Karen and I now, we, we just create the container and the rest of the people, they come in and, and you know, I think it's important to share that.

Speaker 1 ([38:57](https://www.rev.com/transcript-editor/Edit?token=kddZj19PhxiXVJR9547FOOVVKM3DQFZbPKrURWhRU3aio3dc_RDG84jXqjp7ctBbWu8V-BXsjsKvvHOF6hOWyoou5AU&loadFrom=DocumentDeeplink&ts=2337.59)):

I love that so much.

Speaker 3 ([38:59](https://www.rev.com/transcript-editor/Edit?token=z-OxEW4j6UAediVw6Q2z9KohKVRgTelgEeLlnyZONIKjdBwWbz5jQSMuB1ONRA_85SEnVEYGQIcpB4TUoAR3OkPqBno&loadFrom=DocumentDeeplink&ts=2339.84)):

We've even seen doulas in different areas of Canada actually come together to provide service and support to individuals and family. Like how does that happen? But it happens, right? It does. We had a situation in the lower mainland here at BC where, uh, um, a doit on the island reached out to me and said, Hey, there's this young family that needs some support near you. Are you able to support them? I said, yeah, sure. I went out and met with the family. Um, the, um, the husband, the young husband, um, died and there was four young children. And, uh, the wife and mom was quite distraught. I met with her and at the, at the end of time, in the midst of supporting her and her family, we've had five individuals in the province of BC contributing to her support. And we can all do that globally now because of technology. Yes,

Speaker 1 ([39:53](https://www.rev.com/transcript-editor/Edit?token=gNu2znmph9e8NmopxviDAtxTGRP0ZYRx6gYMFCdnSg3NXN9icXjQUi_0kIGb0k5XO71kLorQ08grhFCbrzBZYvZ46YI&loadFrom=DocumentDeeplink&ts=2393.64)):

We can, but

Speaker 3 ([39:54](https://www.rev.com/transcript-editor/Edit?token=jfMsALZOAILKFHG49Rh29MMCTEMaqkF8GWvQvWwEi3fyO9STf5dSHpw5-cBrv0YjKPbAFOw5h0BBqUcGDINRd_hEQag&loadFrom=DocumentDeeplink&ts=2394.16)):

This is what community is about. Right? That's right. So I, I could have met with her and said, oh yeah, I can juggle all this myself. I can be all the things. But the reality is, is that she received the best support by having those of us come up in way with doing the work that we're each passionate about. Yes. And providing a, a more impactful level of service and support to her and her family because of that. Right. But I could have had my, you know, I could have said, oh, I'm gonna do all this and I could have done it, but she received far greater support by having a number of individuals that we've pulled together to provide her with what she needed.

Speaker 1 ([40:32](https://www.rev.com/transcript-editor/Edit?token=HnqKV5MgPPOf5hlwXaxua_P6C5tUazwTR-vhmLGACJhF_FqwTzhi3B8p98-aNEmOBaHXiozCp9QAnBfnznxewXpihJc&loadFrom=DocumentDeeplink&ts=2432.25)):

So I I I love that. So I think when I first started out, one of the biggest things that I said in my press release of my organization is back to the concept of community, taking care of community. Because that is everything. Mm-hmm. <affirmative>. And when we do that, now we have a global family that we're aware of. Right. And we can connect with everybody. And when we just show up with that presence, doesn't have a price tag, it doesn't have a political party, it doesn't have any of that. When we say, I'm here for you, who's around? Let's rally, let's be present. That's beautiful. And Joanne, when you talked about service, the only way that we really reach that beautiful, energetic space of making a difference, finding that purpose is being in a space of service. Mm-hmm. <affirmative>. So it's gotta be heart centered and it's gotta be collective.

([41:28](https://www.rev.com/transcript-editor/Edit?token=Ayc3EYU53SwPOY5YC1hXFDGVR0cdrf9DIpMIgy6h-SPTOZ2Hh-WFHtVybHKGyJyf-ULFrIEdUmev_pZ50U-r6rSnJrE&loadFrom=DocumentDeeplink&ts=2488.16)):

It can't just be, oh, I'm, and I love that, Karen, you say, well, I, I'm, I could say that I'm gonna try and do this, this all myself. And there's a bit of ego involved in that. I mean, look, a bunch of children, a woman who's distraught, like there's so much that we can rally around her, right? But also, what about this just loving frequency that you put out that notice that said, there's a family in need who's around that can show up and the amount to like, that's, that's it. Yeah. That's what we're do. It's just magical. So I love that very much. And of course I commend you. Um, this is, you and I were close to each other, right? Canada and the United States, but there's a whole globe here that needs this support and family connection and we keep expanding it out. We just wanna raise that awareness again, that we're all in this thing together, and that we need to show up in our kindness, compassion, presence, and whatever. Again, gifts we have to serve, show up for whoever needs that. Let's bring it together. You all are amazing. I love your organization. How can people get in touch with you?

Speaker 2 ([42:31](https://www.rev.com/transcript-editor/Edit?token=jQYa32kr1Byc5uJLU-bfxATKaRZsHjunai78_k7zIfADldvGMFy8hLqxhYH4xDMBq8emnG9ro07rzeYMVX-f8MGjDx8&loadFrom=DocumentDeeplink&ts=2551.71)):

Our website is, uh, dd mbc.com. Um, you can reach karen directly, karen ddmc.com, or myself@joanneddmc.com. Or you can send it a generic email off to hello@ddmc.com.

Speaker 1 ([42:49](https://www.rev.com/transcript-editor/Edit?token=JFShP9dny41TzsKQWEBxMUUhJPDEB8Pewjo5lSaAsSZECks61DE6f3a1l5u0yGcA3sk-teCObZRcNei8xTAjpnknpVY&loadFrom=DocumentDeeplink&ts=2569.13)):

<laugh>. Yeah. Just, just say hi, hi to these wonderful women, and we'll, we'll have all your links down below so people can easily find them. I wanna thank you both. I just wanna thank you for being light in the world and the great work that you're doing and making this place a better experience for everyone in it. I admire you. I I like you and I consider you really nice friends. So thank you so much for being here.

Speaker 2 ([43:10](https://www.rev.com/transcript-editor/Edit?token=CPBYsX8TLYpKJIsCYth8F46SO2oQMY_YGf1XYaBfCYJ0v-M_Yfh2Bb3Thx4NzupTmOsP-3HqV_Oe1jLyb3v4UIUYwbs&loadFrom=DocumentDeeplink&ts=2590.05)):

Thank you, Susan. Thank you Susan. Pleasure to be here. Thank you. Yes.

Speaker 1 ([43:14](https://www.rev.com/transcript-editor/Edit?token=bGxhhFY-Pzdl6T3YWGjnceFSlnOad9koFIRlZwJN4Tp9E7_WjjIEQGyJiCTwDe3zlayjM2bcpmx1IfJ_fCq8bpOuyxk&loadFrom=DocumentDeeplink&ts=2594.16)):

Okay, everyone, this was Ask a Death doula. Thank you for being here, and we'll see you in the next episode.