Speaker 1 ([00:02](https://www.rev.com/transcript-editor/shared/VS6h-p2jGOw3IMpVf8Jl4kjQRgl9_fg1rZcyAU5TmIlDR-mQsZ4KoHFh-w8qxp06YqsO1D4RyMlzxJ6tP7RHSpVyS5o?loadFrom=DocumentDeeplink&ts=2.64)):

Well hi everyone and welcome to this episode of Ask Aade doula. My name's Susan O'Brien. I have an announcement and we wanna make sure that you hear this. Is that this is the last month that we will be selling the standalone end of life doula certification. And I'll tell you why this is very important. This movement has been global and it has so much momentum and it is so important, the death of doula, non-medical holistic practitioner filling in the gaps in mainstream medical. But with every growing field there is a lot of activity, right? And because it's not a government licensure, we wanna make sure that we are kept at Doula Givers Institute at the highest education and standards for our end of life practitioners. So we know that coming in as a death doula at the very end and end of life doula is beautiful and as of so much service, but real change and real need is for end of life planning, for caring for the aging, for knowing what the aging options are with housing and medical and how they navigate the healthcare system.

([01:10](https://www.rev.com/transcript-editor/shared/1x-DL_KCxBNdNlr9VvOvsGR5T3k3fU0K4wApdlOl2F6Zkpg76wU296oCdiSbjjD--P6kGtf8j-xta6XMk_E9962DhQY?loadFrom=DocumentDeeplink&ts=70.23)):

And also, again, planning ahead is 80 to 90% of what happens at the end in a positive way or not a positive way. So we are going to have our end of life death doula course within our beautiful like master's program of a doula giver specialist, which will have aging for elders, end of life care consulting, and of course the end of life death doula. So this is the last month to do it. As of August 1st of this year, we will be selling the whole practitioners program, which is amazing, but the standalone doula givers training is available up until the 1st of August. So if you want to take part in that, make sure that you come to the level one, which is on July 20th, um, below, because we'll be giving you obviously that opportunity to purchase the, um, wonderful training standalone. And of course there'll be a discount on that webinar.

([02:03](https://www.rev.com/transcript-editor/shared/y3AJR-5gRwYuJToWONVQ9ycUTf4fhRH_2ZTQixflqGfY6dB9xzggbH3weeU6UZIFmDcv31FZhGRmci6A-9eituMT5WI?loadFrom=DocumentDeeplink&ts=123.78)):

For those who attend today, I wanna talk to you about the truth about being a death do loan. What does that mean? What, what do they do? What does it mean? And we're gonna cover everything. So I am going to follow the death doula guide that you can grab as well. I'm gonna put the link down below so that if you wanna go back and refer to this, but I'm gonna cover the things and I'm gonna fill in some of the information that you really need to know when you are thinking about becoming a professional deaf doula. First of all, we want to share that our healthcare system is fragmented and our aging population is booming. It is growing and it's only projected to grow for decades to come. We are not nearly, I will say this, we are not nearly set up to know how to support them and take care of them, whether it's within the medical system, housing, all of it, financing the whole thing.

([02:59](https://www.rev.com/transcript-editor/shared/M6hwpfTXHkVzmUXYSj8ufuNMy0Db37ShM62dZ3SvvqxY4oxdP9tQa7lsZr6vIiwj9b6L5TH59H7-mFo2zt77vD5r0DY?loadFrom=DocumentDeeplink&ts=179.23)):

So we've never approached this ever in our world. Uh, the aging population. So death doulas, dually give practitioners are the answer to filling in the gap in mainstream end of life care system. They are non-medical holistic practitioners. They do not take the place of medical practitioners. They actually enhance and support not only the patient, the family, but the medical practitioners as well. So they're a wonderful, wonderful support system to a fragmented medical system right now that is overrun with need. So what we're gonna talk about today in this podcast is what is a death doula? We're gonna talk about the death doula movement. What did death doulas do? Why do we need them? If we have hospice care? Does hospice approve of death? Doulas? What type of holistic support do they provide? And how do you know if being a doula, death doula is right for you?

([03:54](https://www.rev.com/transcript-editor/shared/hqSUmVeoIinWH048tZ44KWXyplj-loxgIQCTfyIBrQgR6vZfcTFIvJyIT668_1zKKValU2UZ_N6W2CslpUh9isdyMyw?loadFrom=DocumentDeeplink&ts=234.76)):

How to pick the best training to become a death doula. Where do they work? How much do they get paid? And how to choose the right death doula for your family member. This is very important. So we will cover all the bases, but the first thing that I wanna say to you right now is that this is a calling. This is not something that you put in the decision making brain. You like, okay, what do I wanna do? Do I wanna be a, you know, do I wanna be a teacher? Do I wanna be a nurse? Do I wanna be an artist? Um, what are my choices and what looks good? And do I wanna be a death doula? Absolutely not. This is the hardest work that I've ever done, but it's also the most rewarding work that I've ever done. And it picks you.

([04:40](https://www.rev.com/transcript-editor/shared/V59oe_nawjngwhfQqVXvwK2BU3qSaNwl8flvJZuqqDOIdt4EdXjMDeY1rTQfqJGjobvk8ppUvQ3XGg2dWrKAwxh1PAU?loadFrom=DocumentDeeplink&ts=280.45)):

And those of you who are called to this space know exactly what I'm talking about. You have this pulling this direction, it keeps showing up for you. You have that gift. And right now, death is the number one fear in our world, the number one fear in our world. So for those of us who are comfortable and have that gift to be comfortable in this space, we are being called to show up and to be of service at the end of life. So what is a death doula? A death doula is a non-medical person trained to care for someone holistically. We are holistic beings, physical, mental, emotional, and spiritual at the end of life. Again, non-medical and holistic. That's what's so important here. It's so important to hone into that. Is this a very intense place to work? Yes, but I'll tell you this, it also could be the most beautiful and profound place to work, working with those at the end of life. And I've been honored and privileged to work with over a thousand people at the end of life. I am a former hospice end of life nurse and I am former oncology cancer nurse. So I have been able to work within the mainstream medical system and realize so much need and gaps in care. And the non-medical

Speaker 2 ([05:57](https://www.rev.com/transcript-editor/shared/Ghk1nvoEPv9TPKrSupMQDCaRrAokK7FsKRPdLyQwE8p0jMfZvA_WuGLkmtZ4Ei_Nf8PF_h23DKibX2_VyQQKEag6ewU?loadFrom=DocumentDeeplink&ts=357.44)):

Doula giver is filling in those gaps. So we are able to again, provide, be the eye, think of it as being the eyes and ears for the hospice team because they need eyes and ears when they are only as a hospice nurse, I was only there for one hour once a week if my patient was what you call stable. So as you know, being there for one hour, once a week as a hospice nurse end of life is 24 7. And the concept of hospice, it's a beautiful model of care. But the concept of it and how it works today based on the reimbursement structure is that the hospice nurse is supposed to come in, teach the loved ones how to do the care, right? Cuz somebody's at home and then the family does the care. So Medicare recently did a study, I'm sorry, Medicaid recently did a study that did determined that a hospice worker is in the home of somebody who's dying on the average 30 minutes a day, 30 minutes a day, and end of life is 24 7.

([07:03](https://www.rev.com/transcript-editor/shared/Fr4qOzuQ-JDCxaRfwwjrqD1Au0apx6HTC5ATHLgTfvrPJGqjX8tmd9b4CLMl_Z63P9CtGTVhdJ496eRXFqpCpL15H98?loadFrom=DocumentDeeplink&ts=423.41)):

The other thing that we've seen now is that a hundred years ago, the caring for somebody who was dying is a skill that a grandmother used to hand down to a grandchild. We've all but lost that today. It's a natural, dying is a natural process. It's not a medical one. And we've lost that skill. And so when we expect families to do the care for somebody who's dying and when death is the number one fear in the world, you can see what happens there. The fear prevents them from even having the basic understanding and teaching. And I'm there for one hour trying to teach them how to do end of life care for somebody that they love in their home that's dying. They're petrified. I almost feel like it's cruel. So when I was coming to my hospice CEOs and trying to say that most of my end of life families, it's not going well.

([07:52](https://www.rev.com/transcript-editor/shared/-FlBPXok_2j9hurtx4OV4gGAaapHgbo3gA2O6TJS9cmiUTYo6Ze-dJiXW62eAgveQdBcTAgKYQdt0h-SNVPg-gnnnIU?loadFrom=DocumentDeeplink&ts=472.91)):

They're having these deaths that are not going well. Why? We need to be there more. We need to do more. And I was told, that's all we can do. And that's when we put a dollar amount and a time limit on end of life. We're doing something wrong. And so I said, no, that's not all we can do. We have to do more. So when I kept hearing about the pushback of the reimbursement structure, that we couldn't do more, you couldn't supply more time from hospice because we wouldn't be able to get paid, I guess, or whatever. I don't wanna get into money here, but they said that's all we can provide them. I said, okay. And then what about a non-medical support came up with this great training, the doula givers training of end of life based on all my experience. And the c e o said of hospice said, this is great, we can't do it.

([08:40](https://www.rev.com/transcript-editor/shared/EO7SaXlCLNthLPYubpRhTnfXbGLmJCwzHIc_s3n5ctcn7_eFvn33mywU-yLyv9MBsXVgvs82UjIGAsZh2KDkB5cp-5s?loadFrom=DocumentDeeplink&ts=520.91)):

I said, why? He said, cuz we won't get paid for it. It does not fit in a reimbursement structure where we can put in for insurance for it. So finally, I kept hearing the reimbursement push, push back, and I, I said, well, you know, what is that? And it's a hundred. At the time it was $166 a day. Um, that hospice is reimbursed for all of their services that that patient. So every day that patient is on services, they get paid that $166 a day, I'm sure it's more now. And I said, keep the money. I'll just go teach this training at the library, the local library for free and give it to families who need it. And it just exploded. It was, there wasn't a room, there wasn't a seat left in the room. The media picked it up, I started putting it online.

([09:28](https://www.rev.com/transcript-editor/shared/RhqvfTO7FrDOn-lW39MQUp1j9ZLyQ33z9-jrYIUwYwhxhehgalSRnyAfPUFOS66v99ikyvh_-WFBb1riS-wfo4Mq7og?loadFrom=DocumentDeeplink&ts=568.68)):

People started coming from all around the world because we are touched by this from all over the world. And now every month we have thousands of people that take the family caregiver, doula givers training. So there is a movement in place now just like birthing doulas. So I've been doing this for almost two decades now, just like birthing doulas that we prepare to help the mother, to help the baby, to help the stages of, of birthing into this world. The same is now being done for end of life with the death doula. And it's a global movement. Why? Because we die everywhere and this is needed everywhere. So there is a full movement in swing. And I will say that in 2018, I've been doing this for a very long time. In 2018, there was real momentum that was, um, that was announced. We had been doing it for year or two earlier in the development of it.

([10:24](https://www.rev.com/transcript-editor/shared/cOapjStB0l8rEK7nsPt7PlF1neOcwlgTODDO599kjKAY-RO8oFmGNFDfnFmctqZza5mk-wt5rvvac1vOJWZhfX910N4?loadFrom=DocumentDeeplink&ts=624.96)):

But one of them was the end of life doula council from N H P C O, putting together an end of life doula council. N H P C is the National Hospitals and Palliative Care Organization end of life doula council sharing about the role of the death doula end of life doula being an intricate part of the end of life care team. And again, remember, the death doula supports the patient, the family and the hospice team. They're the eyes and ears for the hospice team. Doula givers are. And then the second initiation, um, initiative that was put out was need at the National End of Life Doula Alliance. And that those were two major, um, s really major moments in the United States that launched this into the stratosphere because you know, I've been to Sloan Kettering and d different places and everyone said what a wonderful, wonderful training and opportunity and idea this is and that they would love it if we could really do it.

([11:22](https://www.rev.com/transcript-editor/shared/wtURLSBiSCbJpzswc5RPKUO1D-yjNsNKUfpcYsfzEEwXo2LlyTsPI49DVTftCLbb9tRR_QJJdbKTl6FczXb2jySZ5TU?loadFrom=DocumentDeeplink&ts=682.17)):

But because they were so fixated on it not being a government licensure. And I understand that the danger there is that how do we know what death doulas do? If I call myself a death doula, am I practicing the same way and have the same education as a death doula over here? And the answer is no. They're actually very, very different trainings. And that is the danger in it. However, we have ways that we are now, um, making sure that there's reputation and that there's diligence in the, in the, the training and testing for understanding what people are learning and all of the things that a deaf doula does. So I almost think of it as needing to be even higher level of moral ethics training than absolutely anything else. You're working with people that are in one of the most vulnerable times of their life.

([12:16](https://www.rev.com/transcript-editor/shared/QHkADEfNzYdhLnTHLCTWcGBKrPPAj6TWQOQ8e3zqLF9wwro0gRx3GoBKTFCL5SaYHagN-7psGe86BrbXF3uCrToHlG4?loadFrom=DocumentDeeplink&ts=736.48)):

You've got to show up with all of your skills and all of your ethics and all of your morals and, and everything that comes with that. So let's talk about the hospice gap for a minute. We, we alluded to it when I was talking about the Medicare study, and there it is, 30 minutes on average, only 30 minutes a day. End of life is 24 7. And I have to tell you, as a hospice nurse, when I would come in to take care of my families and you fall in love with your families all of the time, the stress in that house would go down. When I'd enter and I'd do my training and I'd do my assessment. And the minute that I walked out that door, that stress went up. And there were times that I walked out that door and I knew that that person was gonna die over the next couple of days.

([12:58](https://www.rev.com/transcript-editor/shared/hXXKuGvveiM4iRXKOggallaNhIOgPEXBh7RJbcp819R9us7LFrthG80x40nZhV9BZ_Q464FZ8CTmfQ1xMpLP2Dtf7aM?loadFrom=DocumentDeeplink&ts=778.3)):

I knew that person was gonna gonna die over the weekend. And I knew that family was not ready for that at all. And it's terrible because we can't go back and do end of life again. So there's a major gap in hospice care. There is a gap in time, there is a gap in education and there is a gap in good deaths. And we have to change that. We only have one opportunity to have end of life go, well, we can't go back and do it again. When it goes well, that family remembers that forever in their heart. And when it doesn't go well, they remember that forever. And that is the exact reason that I believe there is so much complicated grief right now. So much traumatic grief and complicated grief. Think about it. If we don't live with death being part of our awareness, a natural part of this life cycle, when it shows up in a hundred percent, it will.

([13:45](https://www.rev.com/transcript-editor/shared/qJvOLegz0qRCPJtw0x1zv_XWqhTB8-35iHllfr4I6ZogVKCgS3hKLuTupzDVG416PyZjMpHgMPP-2NCk_Ult8wapq9I?loadFrom=DocumentDeeplink&ts=825.76)):

You can push it away. You can do things to try and avoid it, but a hundred percent it's gonna show up at some point. And when it does, it's a train wreck, it's a crisis and that person dies and people are left with all of the baggage, all of the trauma from that. And so removing the awareness of death is the first thing we need to change. And I wanna share with you that I have been honored and privileged to be with over a thousand people the end of life. And I have seen some of the most beautiful life-changing, life affirming end of life scenarios with so much love and support that we should never be afraid. If you knew about them, and I remember the first time I actually saw this, I was in oncology and I had six patients and all the doors to the hospital rooms look the same, right? With the same steel handle and the white, just the eggshell white on the outside. But when you cross that threshold of that door, there was a different journey and a different experience for each one of those patients and families. And this particular,

Speaker 1 ([14:51](https://www.rev.com/transcript-editor/shared/JzY6R1pLm3I4Iu3xlP6WiWvwuIWTxGfYHYVthGzwRbEcD9giMX6CATzAYM4OaLsG7khaITtFMTH6v51VWRlTwCVTxqo?loadFrom=DocumentDeeplink&ts=891.23)):

I walked in, she was dying and I remember coming in that room and her family was just silently surrounding her bed, holding hands. It was the most beautiful feeling of love in that room. And as I walked out of that room, I remember shutting that door and like a glistening tear, like a tear rolling down my face of like just what I experienced in a profound way. And I said that day, I think that was 2009. And I said, if people knew that, if they knew end of life, death could be like that, they would never be afraid. So I'm gonna tell them. So we wanna share the true stories about end of life because right now it's feared, closeted, we don't know the truth about it. And if you knew about that and you're going to, you'd not only feel empowered, but you'd be inspired and you would know, again, the beautiful journey that this life is gifting you and how not to, uh, make the mistake of not capitalizing on your purpose and what you're here for.

([15:55](https://www.rev.com/transcript-editor/shared/HcjlenMNlS5hYWQ0VrxMWNkF1ELdsmT2g3Xc6ieYCBKZnwuGyCioVeULxiVUlvWpxy1NZ6zQN2AbFiE3v_lfMoaVaiE?loadFrom=DocumentDeeplink&ts=955.1)):

Because when we get to the end of life, we don't wanna have those major regrets that we didn't live powerful, beautiful stuff. So end of life is having a movement. Um, we have doulas in 20, I'm gonna say 28 countries now certified end of life deaf doulas from doula givers. It's so incredible, it's so beautiful, the bond. So they're all over the world and it's having a global movement and we can understand why. But I think one of the things that is such a blessing within this work is that it's bringing back the awareness of how we are all so much more similar than different. And how we sh we need to be here for one another. We need to have presence, we need to have compassion. And we need to remember that we're not different. Everyone's fighting and pointing fingers at each other. We're more similar than anything else.

([16:43](https://www.rev.com/transcript-editor/shared/fJPArHBzuADl3ZiY-Id9eK9-WOSu-kqoNOKJeRACXuSsoGmQKGLVlHx0WMeyPBzJqdlxv9UnQTTTucLCLcQMpKz8eBI?loadFrom=DocumentDeeplink&ts=1003.55)):

And here's the other thing that I'll say is at the end of life, it was amazing to me how people who were dying, no matter what culture, religion, were saying the same things as they get their spiritualized their spiritual wisdom, they were saying the same things. They talk about how we are all connected to one unconditional loving energy. How there is no judgment, how there is no death. How everything in their life was meant for a reason to teach them to have the evolution of their soul self. It is life changing. So what did death doulas do? They help create positive and empowering end of life plans. We provide spiritual, psychological, and social support suggest in i ideas for optimal physical comfort. Again, remember, you're the eyes and ears for that hospice team. Help plan home vigils, educate patients and families on the new and progressive options for home weights, water cremations, natural burials.

([17:41](https://www.rev.com/transcript-editor/shared/dylWpJpDjjhXmsRqDVXsR6aC69HWmQdEKqoRLB-DF4TQGoFWl4N7Uc9x2-O-L-hbyB5wpi6YjNhxzx1Pl4yaB8tK1IU?loadFrom=DocumentDeeplink&ts=1061.03)):

Death is having a rebirth. And it is absolutely beautiful. There are so many choices that you have, you know, people at the end of life think that don't, they don't have choices. You have so many choices. So we are here to share all those choices with people. We also, one of the major things that we do are act as dually givers because of being educated in the top 10 end of life disease processes, physiology of end of life, understanding all of that act as the eyes and ears for that hospice team. And the hospice team is not there. So when Mr. Miller is now having a change in his presentation or he is having increased pain or something's going on with him, you have to alert the hospice team to know that they need to come back to assess and reevaluate what's happening so they can change the care plan when they don't know that person can be suffering for days.

([18:29](https://www.rev.com/transcript-editor/shared/IOui4zHhh6Zoba8sPU0eeNl2mA1Ad7SrD5Op7XLTcPKJnh1DSq9qGwrCMKtnFcTLLGiJsPV3lKlh11OXIMuuh7T6Vyg?loadFrom=DocumentDeeplink&ts=1109.25)):

And I've personally had this many, many, many times where I've walked in the home, the person has been suffering, something's been going on, and people are so checked out in fear that they didn't know an enough to call, they didn't know what was happening. And that person's been just suffering for so long. I've also come in homes and it hurts me to say this, I've come in homes on a visit and that person is actively dying their sleeping calm and the family has no idea. They think they're just sleeping and that person's gonna stop breathing very soon. So we have got to do more. We've got to have adjunct support for mainstream hospice. Um, why do we need death doulas if we have hospice care? I think we just covered that in a really good way that hospice has a very limited amount of time that they can actually be in the home.

([19:16](https://www.rev.com/transcript-editor/shared/kXDnQsfh9lTXV8zm1u2kqnss03nNuTcidTM9T_tAHaFOkxawSiZpqjYP0S-eFbjHgXc0gzD7HsJmxG3MJH3r8WwSbrU?loadFrom=DocumentDeeplink&ts=1156.89)):

30 minutes on average death is 24 7. Does hospice approve of death? Doulas? Yes. So we have the end of life doula council and many different, um, statements from hospice workers. In fact, we've done a lot of work with hospices. We have doulas that are actually employed by hospices and we do presentations for them because again, their hands are tied to some extent and to that extent, I mean based on the reimbursement structure that's set from the top down, that they have to abide by the amount of time and documentation and things of that nature. I always think there's so much more we can be doing cuz I just don't accept that that's all we can do. And that's what I've been told within mainstream medical. That's all we can do. Okay? If that's all you can do, we're gonna pick up the piece that you can't do the time piece, the presence piece, be the eyes and ears for you piece because we can't go back and do that end of life again.

([20:20](https://www.rev.com/transcript-editor/shared/9Y7qOQ457Jqx192dvozuTxIJV64VccfLSmQ2-krpV-40tg-wFg49k3XvfETK3GjaJcsgO60Ik1ThGckVSzc1uj1NOfc?loadFrom=DocumentDeeplink&ts=1220.7)):

We got one shot at it. We're gonna make, we're gonna make change here. So the National Hospice and Palliative Care Organization has the end of life doula council. Um, hospices work with doulas. Again, remember, hospice is the medical manager. Doula givers are the non-medical holistic managers. Hospice has time limitations end of life. Doula, doula givers have no time, uh, restrictions or limitations. This is everything to make the perfect pair. So we educate, help educate the public, refer families to hospice. Um, and again, many times I get called in because people don't wanna use hospice because they know it means death and end of life. I'll get called in as a doula giver. And this family is hospice appropriate. So hospice appropriate that I'm, I tell them what hospice does, how valuable they are and make that hospice referral. Um, and again, collaboration for the best end of life, um, journey possible.

([21:20](https://www.rev.com/transcript-editor/shared/_NhnRjkVED8PUmZ5YqJtjU6-xrH2Uss46IdlY11RZgN5KEvfopNyStElfP6AlVkSKgqLbwRctkPD6XzL3Nd6ojZTCrs?loadFrom=DocumentDeeplink&ts=1280.29)):

So you can go ahead and see again, we have the end of life doula, um, council with N H P C O. And this is a quote from John Master John executive Vice President of a National Hospice and Palliative Care organization. He says, as long as they go through a training process. And I wanna talk to you about what a training process means. I think death doulas can compliment the work of the hospice team really well. The more people there to help the patient and family the better. Absolutely agreed. Alright, what type of holistic support did death doulas provide? We talked about the eyes and ears. We, uh, for the hospice team, we are the medical man, the non-medical holistic practitioners. Um, we help with spiritual emotional suggestions, reinforcing the teachings of hospice legacy work, providing, holding the space in this, and this is probably the most important thing that I can ever convey, is that a doula giver, death doula comes in to hold this space in this end of life environment, making sure that the, there's no immediate needs, there's no safety, uh, issues that the support systems there, but holding the space, reinforcing teaching, um, for this family, for this end of life that is, this is it, this is, this is it.

([22:44](https://www.rev.com/transcript-editor/shared/Og9AMvP3bcXXg7qNNSrBCim-9VhCWFyJgdw4ruL2f4PEgBiT6cj0bI8K00vZFLBd3MSvJXKlRqcIUGhKpgxyBSzkV_o?loadFrom=DocumentDeeplink&ts=1364.08)):

We can't go back. We're not gonna have another opportunity to do it. We wanna make sure we are there doing it well, that people have opportunities to have closure, um, forgiveness, everything that's there, that dignity is upheld. All of the beautiful things that we, we know we need to do. So how do I know if being a death doula is right for me?

([23:08](https://www.rev.com/transcript-editor/shared/sCWUEjDlqx_3fP4_SAR5tWatjbCB7S0c8jk9_6fMX_DjTwOb7VYyLiKtOXRRqd8Jgp2kcUo2nY8mmBwDrQqXhLU242I?loadFrom=DocumentDeeplink&ts=1388.68)):

And I started out today with talking about it chooses you. So it is from that higher place of being, of knowing that it chooses you. When I became, um, a nurse working in end of life, I had no end of life experience. I was working in the hospital and I kept, and I was not satisfied. I was very discouraged, um, at the medical system and the care and all of the bureaucracy that went along with it. And I remember hearing, go to hospice, go to hospice, you know, in my heart, in my head. And I said, where is that coming from? You know, what is that? And every time I thought about it, um, I got this just expansive, beautiful feeling. I had no end of life experience, so it made no sense. And if I left the hospital job, I'd be going to hospice and take less pay, work more hours and have less benefits.

([24:02](https://www.rev.com/transcript-editor/shared/gAfubbRPGUhMASPO2Hq-LN1GETAJoKGCW4w3_XOC4etQWOfZF5mR3e86mVZCRL_45JHFnqR87eVEXQTMVQ2fCkZ7e54?loadFrom=DocumentDeeplink&ts=1442.87)):

So what sense does that make end? No end of life experience. I kept hearing this feeling and I knew that there had to be more to life. I knew that I hadn't hit it yet. And I said, you know what? I'm just gonna trust this. I'm just gonna follow this and see what this is. I don't know what it is and I'm just gonna follow it. And the very first day that I went out to see hospice patients, I knew I was in the exact place I was supposed to be in, in my life. And I said it was like a piece of the puzzle fitting. And I said that day, I said, I am never making another decision other than what do I know? What do I feel? Not what do I think? And it has led me on a global, beautiful platform to work with people all over the world, in this community, in this space.

([24:43](https://www.rev.com/transcript-editor/shared/1EJPyub13O3IEBBD96aINDbE26VRZBaOeysPdGWRl0Ii3EvULlUGV6Zj97dXFyiS_GhWYwvMqrjs89byy5Zf1K0TaKw?loadFrom=DocumentDeeplink&ts=1483.76)):

And we're just getting started. So say yes to your heart where it's calling you to go. So how do I know if being a doula giver is right for me, a death doula? It's gotta speak to your heart. Doesn't have to make analytical sense and it's not going to by the way, but it has to speak to your heart. So if you have the calling, if you are being called to show up in this space, say yes. Because when you say yes to the universe, the universe says yes to you. And that's where all of the magic in this world, in this journey happens. Why do we need death doulas and why now we have that elder global crisis going on and it is frightening. So here are just a few statistics that in 2034, adults aged 65 and older will outnumber children aged 18 and younger for the first time in our nation's history.

([25:37](https://www.rev.com/transcript-editor/shared/kYqL62JiaQrHuOInGK9eXGYehviyRTlcN22umCwQc4EzBLMlV4BgPLTrtV2Q0VyhC0ksnVyBjIQHh3G6MpMVwAqXAhU?loadFrom=DocumentDeeplink&ts=1537.19)):

And it's not just a problem in America. This trend is occurring in practically every developed nation on earth. This trend is expected to continue until at least the year 2060. When those 65 and up are expected to outnumber children, 94.7 million to 80.1 million according to the US Census Bureau. Who's gonna care for that staggering number of people? And how do we ensure quality of life and a dignified death for each of them? By the way, there's about 20% of that aging population do not have their own children. So usually it's adult children that will care for somebody who's dying. That's not always the case for in a handful of reasons, but 20% of that number don't even have the option. We need to have dual givers. We need to have this in place. So it's the perfect storm. It's aging. It is a healthcare system that's broken down.

([26:34](https://www.rev.com/transcript-editor/shared/1HQ0c-YKUfvHLEfenM7Xopgv3cBJtHRFfjD72DhnuNwo8DX0HNhTt2NMjEP3jvZKDN_bk8N8GujHe3f6alYa2O-qwsA?loadFrom=DocumentDeeplink&ts=1594.85)):

It is the removal of the skill of how to care for people at the end of life that used to be natural. It's the lack of awareness that death is a natural part of life's journey. That we treat it like a medical condition. It's not. Death is a natural holistic experience. We know how to do this and it can go really well. It is not a medical experience. So we have alarming statistics that are here. And it, again, one of the main things that infused my work to do this training is that nine out of 10 people say they wanna be cared for at home, in the home environment. Now technically, even if they are home with their loved ones on hospice, it's still not going well. Why? Because people come on, hospice services is very late. The fear of death is number one. And people don't even have the basic understanding of what it's like anymore to care for somebody at the end of life.

([27:25](https://www.rev.com/transcript-editor/shared/rODo9aynM9zCuDdZvkCdoo4yodSiAUHkLbNDxOKlfF7eWOEMf83MTEp29axks8hkxzdVMNK2_Vno0wPwnvzp0krCcV4?loadFrom=DocumentDeeplink&ts=1645.5)):

So I am trying to teach them as a hospice nurse with one hour, once a week. It does not work. We have to do more. We have to train ahead of time. We have to have, uh, death doulas just like we have birthing doulas. So we have a medical care at the same time, a medical, mainstream medical practitioner of shortage, people are leaving the field. You can't blame them. We saw what happened is what happens when there's a huge need at once with covid. The system crashes. And this is exactly what's going to happen in the future. It's happening now. You can barely get into doctors and they're, they're, they're rushed when they're there. The power of our presence is the best medicine we have to give with one another. The power, the true power of presence is the best medicine we have to provide for people the end of life.

([28:12](https://www.rev.com/transcript-editor/shared/Unyj59cFd5oMa1MJLqRbHr5g4mkwBkoyX-vTeDsjq6DMazdzu4UP4P_gwimvwWilDrFdGhxCDTagwU6HjzYvnDgFaSM?loadFrom=DocumentDeeplink&ts=1692.3)):

Let's show up in do that. The answer, the future of healthcare will be non-medical. The doula giver practitioner. So again, there's just lots of ways that we support in a holistic fashion. So let's talk about doula training, death doula training. And this is extremely important. You just heard the quote that I read from the vice President of a National Hospice and Palliative Care organization. He said, as long as they go through a training process, I think they can support the end of life doula can support the family and the hospice team really well. So because it's not a government licensure, you don't have to have training technically to be a death doula. Is that something that should be taken lightly? Absolutely not. Is that something that we have to look at even with more care than any other profession? Absolutely, because when things get trendy and things are, and this is, this is something that is, is talked about globally. There's a whole movement. If somebody decides to call themselves a death doula with no training, they can. They technically can. Is that the person you want serving you in your home, serving your loved one, not having any end of life experience. And also just from an ethical standpoint, not going and taking time and care to learn how to support somebody at the end of life. Learn physiology, know that they have a supportive network of, of people that they can go back to when they have questions. Is that

Speaker 3 ([29:40](https://www.rev.com/transcript-editor/shared/A8Y9Y8kBzzoXs1UJzz9aW2YObHjhGCPkgkLTjfrP0L2EjRtpL546e7qKhlCQMsRVcUYs-qY7EJ3PYGOjwhkV_uEr31U?loadFrom=DocumentDeeplink&ts=1780.87)):

Somebody that you want in your home? I think we have to be very careful, again, as family members, how we pick our doulas and making sure that they are who they say they are and have the training, they're there to help. And I will say that most people are absolutely amazing and are called to this space and wanna help. But we do have to be careful. So how to pick the best, best death doula training for you. As I said at the top of this podcast is that we will no longer, as of August 1st give the standalone death doula certified training. And the reason for that is, is that we know that our most productive practitioners in end of life space are the ones that understand the aging population, the end of life population, and how to care for them. And also all of the care consultant, all of the planning advanced care options, how you talk with medical teams, what is ser what services are available, that's the true end of life practitioner.

([30:40](https://www.rev.com/transcript-editor/shared/OmeOaiLvJugTDtLGq5XqT_g7w6mVNtBNPA5wW0ayUymgVLBQffi2lVmq01FjLuVODEPZR64UM7ilIYQWjk6h7wMK32M?loadFrom=DocumentDeeplink&ts=1840.48)):

And we wanna have that one amazing training that we know that when you come to Doula Givers Institute and you become an end of life doula givers specialist, that you have every available, um, knowledge, knowledge base and training and continue to stay on the pulse of that. And we can recommend you to families and we know, you know, everything that's being launched out there that you can be of best service to not only the families, but to your community. So when you go to look for a deaf doula training, look at what the training curriculum is and look at who designed it, who created it. Do they have a background in end of life? Is there ongoing education? Do they have ongoing, um, association memberships? Do they have ongoing CEUs trainings? They're very different and I think there's lots of great ones out there. But again, they're extremely different in their curriculum.

([31:32](https://www.rev.com/transcript-editor/shared/AgR-JHtwi1UqqjTtPIrxCUPns90AhcyqWNOH7uOuYrjVtz2OD3qFB2SufwPas0X0fuaHDkECRP2nKMwU7gxIP8cWhVs?loadFrom=DocumentDeeplink&ts=1892.89)):

You wanna make sure it matches what you wanna learn. You're investing your time and you're investing your money. Make sure it matches to what you want. There are two questions, again, the curriculum and the teacher. Those are two major things that I will ask, um, you to find out about the training because most of them are extremely different and there's some that are being put together without necessarily a teacher as the foundational trainer from it. So they're kind of piecing it together. Um, and you just wanna be careful about spending your money and, and the name that's going on your certificate because families know that they know where you've gotten your training and they know what you're walking the skillset or the lack thereof that you're walking through the door with. And that's key. So when you go to Doula Givers Institute, people know that you've been educated in the physiology of end of life with case studies with the top 10 end of life disease processes.

([32:27](https://www.rev.com/transcript-editor/shared/ioI8AZmTLKEfCr7e-zJ8aWnIokWgUBsI7X4L_loVono5FiBJhkZUwaoZELr1SeYkyHgXjqHyXh1kLp9v4obFCZA21T0?loadFrom=DocumentDeeplink&ts=1947.37)):

They know the skillset you're walking through, they can feel confident about that. And of course we want them to feel confident. So it is a really important decision for you. And then again, families are getting very good now at knowing how to pick a, um, a death doula for, um, their family member. Let's talk about how death doulas get paid. So it is not a reimbursed from insurance type of care. This is going to be a out-of-pocket expense just like all the companion care companies like home instead and visiting Angels and things of that, um, that level are self-pay. And so what we'll do is we'll teach doula givers that work with us is that they should put together their hourly rate packages a sliding scale, and then they know how to access pro bono hours so that people will always be able to get services no matter where they are coming from.

([33:25](https://www.rev.com/transcript-editor/shared/t4jPDmrR_lhqA1N5w2zrZUDoAHi2BJ6LD6vl2gFy83yMDNAs93bTFcp9n7oaNyESWEgDcIIUo7CKVeiFZob-zPZCri0?loadFrom=DocumentDeeplink&ts=2005.19)):

This, um, particular scale was done from the article of, um, from a training and salary article, how to become a death doula in Cake. And they, they say that they have an hourly rate range that they, um, have chosen from all of the data that they've collected from $25 to over a hundred dollars an hour for a death doula depending on, um, where they work and the needs of the client. I'm gonna tell you for our doula givers, it's been anywhere from $20 an hour in rural areas to $85 an hour in urban areas or cosmopolitan areas. And the average is about $55 an hour. And then we also will teach you, again, I think it's very important to not only have your hourly rate, but have packages that bring down the hourly rate for the families and then to have a sliding scale and to know how to access pro bono hours.

([34:22](https://www.rev.com/transcript-editor/shared/Vsna8TxOECeq7mNRNH43vL9aAj71KBE7BcXYWKSnkX5vRG_WOd_iPu54p8-lgHI2vq04Oq-fJyNESReprotSFhWXYtQ?loadFrom=DocumentDeeplink&ts=2062.25)):

The point is to make sure that every family has support and service. So we wanna make sure that families are educated in picking their death doula. So we, we instruct them to ask the death doula where they got their training from. If they have training, how many years of experience do they have, how many deaths have they been present at? Do they have professional liability insurance, a list of their services, a price list, and at least three references to check. So this is so important for you. What is your next step if you are called to be a death doula and work with those and be of service to them at the end of life? We need you, we need you desperately right now. And this is the last time that we at Doula Givers Institute will be offering the standalone certified end of life doula course.

([35:19](https://www.rev.com/transcript-editor/shared/KiYw_ogTLJ4E3r618HhDoCNXPtfHSf0_OCy1xRRg05rtEOCv7mN3FAseQX238fLqmsz8k7OxXDpFcjOQrgOV3vC4Jq8?loadFrom=DocumentDeeplink&ts=2119.49)):

So your next step is to sign up below for the July 20th webinar. When you come to that webinar, you'll get an amazing foundational training. You will also get the offer to purchase the standalone certified end-of-life doula training by doula givers, which is going away August 1st. And you'll also maybe, and I say maybe with a lot of smile on my face, be offered a discount for a very special webinar discount for that training. So if this is what you wanna do, this is the last time for doula givers this training to get the standalone end of life doula certification training. July 20th is the webinar. Come to that webinar, you will get the invitation to join that training and you will also get that very special discount. It is absolutely amazing. This is what I wanna share with you, that being a death doula, doula giver is the hardest thing I've ever done in my life, is also the most incredible thing I've ever done in my life.

([36:19](https://www.rev.com/transcript-editor/shared/1x9iMwqTmrPUB9v70950RkZCVNUR_RyVhvQEmWfDw0ehp51w-klnuldSu9nF6_uo6kO8ArXIPpdNJEZleT5HQYvXEC0?loadFrom=DocumentDeeplink&ts=2179.53)):

It has changed my life, it has taught me everything about how to live, about purpose, about compassion, about gratitude, all of the things that absolutely transform my life. And if this is something that you are called to do, I invite you today to click the link below. Join me for the live training on July 20th where I will stay on and answer all of your questions and you will meet in global community with so many other like-minded people. I wanna thank you so very much for being here. This was asked Aade doula. My name is Susan O'Brien. The link is below to join the free training and uh, click the link and I'll see you there. We will be on live and again, I will stay on live and answer all of your questions. Thank you everyone. I will see you in the next episode.