Speaker 1 ([00:00](https://www.rev.com/transcript-editor/shared/MqjYFOK06Mboyn3nmj6Gw23T_Mzz1aP0tFw3DZ1OBKNbnc9kDjWVytT9wckDTYcHxpMyyK3kzS9Vc0jjqQogkVqPc74?loadFrom=DocumentDeeplink&ts=0.42)):

Education is everything, and it can change a positive end of life to one that's not. And it can change how much money I spend to spending little, and it can change impacting the planet in a beautiful, healthy, enriching way, or contributing to the unhealthy state that it's in.

Speaker 2 ([00:20](https://www.rev.com/transcript-editor/shared/OmmURSTEPTuos_20A_f90sag95S_8iHmxPC1uLgP-JNmGGZaF8I6cRKdLufYzO3KiDPee_qMvjqjKOyyZVBkW_p9Sh0?loadFrom=DocumentDeeplink&ts=20.55)):

I'm Suzanne O'Brien, former hospice and oncology nurse, and now the founder of the International Doula Givers Institute. My life's purpose is to teach others how to care for those at the end of life. So if you are a family member wanting to learn how to care for someone you love at the end of life, or you are someone who wants to be a professional end of life practitioner, this is the place for you. So sit back, get a cup of tea and relax. This is the Ask a Death Doula podcast.

Speaker 1 ([00:55](https://www.rev.com/transcript-editor/shared/r8-LWOTVMbSwNXr9WOzgrTlZTSJTOE_SI2E5nDu1b9NXciwga-fRIAhYGm4KU1LnBe-Njp5TPSoVd7dLmmwLUxvauwg?loadFrom=DocumentDeeplink&ts=55.08)):

Hi everyone, and welcome to this episode of Ask a Death Doula. My name is Suzanne O'Brien. Thank you for being here. A reminder that the Live Learning Lab workshop with the Nine Choice Advanced Directive is coming up soon. And if you would like to be part of that, the link is below. Welcome again, this is again the nine Choices Advanced Directive, doula Giver document announced. And I'm going to go through quite a few of these choices. And I want to tell you this right now, that if there's one thing, and I think about this so much of the time, if there's one thing I could do, I could convey, I could teach that it'd make the biggest difference for people in the world, what is it? I always ask, what is the biggest need? What is the biggest impact that I can make? And it's this, it's planning ahead and it's knowing the important choices that you need to make ahead of time so that you have that good death, that complete start to finish end of life that is the most positive possible.

([01:58](https://www.rev.com/transcript-editor/shared/kDlixdlx3HKA4yZrEyiHiPcAZ_jSVyZ5fHTpuBL3pov3qz1RWvJ2NzZk0_wTrWquT7ccC6VvPu23X7JYU1i5dVcaMnA?loadFrom=DocumentDeeplink&ts=118.5)):

So it is wonderful to be able to do this episode with you, go through some of them, and again, share with you what I have learned over two decades in end of life care, the important questions that you need to make to have that positive end of life experience. So welcome. The first thing that I'm going to do with you is I want to talk to you about a few what I call doula giver pearls surrounding advanced directives. So if you don't know already, an advanced directive is a document that would say what you would want or not want for end of life care. And there's a lot of misunderstanding even with doctors, just people just don't know the truth about these documents unless they are really in this space. And here we're going to clear up all those myths. So the first misconception, and probably the greatest misconception about it is that it is not a legally binding document.

([02:53](https://www.rev.com/transcript-editor/shared/_Jb4zp-zFLp6I9Y9xAxivwXEODHY1W84_72yp-81kg-mmyG3ljAaR69S2INm_S24BBpS5ZfO7O6-ABtoBTXDzY65E8M?loadFrom=DocumentDeeplink&ts=173.7)):

So everywhere that you're going to read about advanced directives, it's going to say an advanced directive is a legal document that what you would want or not want for end of life care. But at the end of the day, and it's so important to know the fine print on things, it is not a legally binding document. So Suzanne, what does that mean? That means that if the doctor decides that they don't want to follow it, even if you have it notarized, even if you have it witnessed and you've taken your time and clear sound mind made all of the answers to that document, but the doctor says, nah, I don't really believe in advanced directives or I don't want to follow that the doctor has the law on his or her side. This has really been a eyeopener, a very sobering awareness and moment for people.

([03:44](https://www.rev.com/transcript-editor/shared/-JW_sRz1Af81Aca3Xlq6Zy-YhZDgC0C-XQaQTRahODRC-vTvjpM8QPZrZx2B2RhzCsgfVgHIsIBiZYJc3dMBZKlWIr4?loadFrom=DocumentDeeplink&ts=224.59)):

So they would say, well then why do I do them? Why do we even have them? So I'm going to share with you some facts of why the advanced directive was created. The advanced directive was actually created to protect doctors. I know, I know it sounds crazy. It was created to protect doctors. So they followed what you are asking. The family can't sue them. How do I know all about this? I am a former hospice and oncology nurse. Hospice is end of life care nurse, oncology's cancer care nurse. I had a patient in the cancer unit, they were dying. They were very advanced and the doctor kept wanting to do this surgery and this medicine and really kept pushing the patient and the family to do the next thing, the next thing, the next thing. And the family and the patient said, I don't want to do anymore.

([04:38](https://www.rev.com/transcript-editor/shared/NKO4o-ryJEZCTqx2Oy6F0nrRBHLqP0aaWjRAYLfIFZpE6D0Qw1UK0QVvB6TDw3d5PsVCsjxWx396776190Y4sIa9eQM?loadFrom=DocumentDeeplink&ts=278.33)):

I want to go home. And they needed to go home and be kept comfortable. And the doctor was like, no, no, no. We need to do, we're doing this surgery tomorrow morning. And the family was like, what can we do? They were, so here's the thing, when you paint this picture of a family that has somebody that they love, so very ill and close to the end of life, and you've got a doctor who is having them do treatments and surgeries that they don't want to do and you're stuck in, what can we do? And so I was the nurse and I had to ask questions and say, here's the advanced directive. They're saying they don't want to do this. What can they do? So I finally had a call, this was in New York State. I called the highest level of estate planning attorneys in Albany, New York.

([05:23](https://www.rev.com/transcript-editor/shared/uzQRSSMTb9MRLUVTbQTz4bSs08h6SexrCNRtgful_Mk9VGKyNEmVNEqQ_lj5GQHgsC_TEdzLrFmw5wduxHAClVqG30w?loadFrom=DocumentDeeplink&ts=323.47)):

And you know what I was told? I said, this is the situation. The doctor wants to do the surgery, the family wants to go home. What can the family do? They have an advanced directive. They say, oh, well that doesn't mean anything. I said, what can they do? Do you know what they told me? They said, the family can get a restraining order against the doctor. Now that's complete nonsense. This family has somebody they love dying. They're going to go try and get a restraining order against the doctor. So we need to clear up a lot of this information. I do have an answer for you by the way, I'm not going to leave you hanging with that. We're always going to, at doula givers, come up with what we can to find answers and solutions to the issues that are about here. And we have one for you in regards to that scenario.

([06:07](https://www.rev.com/transcript-editor/shared/j6UJmVvZUG-jFeZBOkqfL08FvyAWbEqFc2IBTF5z3WDZXx9EMxdfJBYSI25zblO6QZ4tVR6YJ0ZzGmYwyFzMsOJcXlc?loadFrom=DocumentDeeplink&ts=367.58)):

However, you need to understand that at the end of the day, the advanced directive is not legally binding. So that you need to know that there has to be a, what I call a secret weapon, a doula giver's pearl. And that is called the pulse form. The pulse form is a legal medical order that needs to be followed. And what that is, it's pulse, P-O-L-S-T, it stands for physician order life Sustaining treatment. And this is a form that can be filled out when there is a serious illness. So it can't be done in way advanced times. But I want to tell you this, that the questions that are in the advanced document, okay, the advanced directive document that we have for you and many others are going to have very similar questions. So you want to take your time to fill out an advance directive, but you also, when the moment comes that you can then transfer it into a pulse form, you want to make sure that you do that because that is a doctor's order and it's a legally binding order and the doctor must follow it.

([07:12](https://www.rev.com/transcript-editor/shared/iuh0wJ8pX1FZhFudSmRJUO0LQoRdDcfyQHe6ArszrOvH6jD3PQ7Y7z_x9C5NaeEso_YqSbya3Z62urnp7YlxKBixNKs?loadFrom=DocumentDeeplink&ts=432.47)):

So that is your secret weapon to make sure that all of your wishes are honored is the pulse form. So understanding that is the first step. So let's talk about who should have an advanced directive. It's recommended that everyone 18 or older have an advanced directive. And we know we're not going to get people 18 years old to do it usually, but we also know that accidents happen and death does not only happen to the elderly. So it's really important that we do think about what we would not want and what we would want even at this earlier age. So one of the things that we want to say is that it's recommended and it's one of the best gifts that you can give to yourself and your families. And if you can understand at least what the wishes are of loved ones or what they would want, and I would say this, I don't really know anyone individually or independently that would want to be just kept on a breathing tube for years and years and years.

([08:17](https://www.rev.com/transcript-editor/shared/lhyGirNEXo5y58CGSzar9vl49xbhZpbjXFtm1F6LybmwzWZfmO-SzutivFABLDT5098tmDk27yS2aX7RC5tu8tlvyyQ?loadFrom=DocumentDeeplink&ts=497.09)):

But these accidents that happen, like with younger people and they're put on breathing tubes, but they're brain dead, they can stay on those breathing tubes for a very long time. It's very helpful if you've articulated to your family even just a young one in that sense, if anything were to happen like that, I would not want to be sustained on a ventilator or a breathing tube. So again, it's recommended 18 and over, but I don't think we're going to get too many 18 year olds to do it. But I will tell you that it's one of our responsibilities as adults, it's one of our responsibilities is to make sure that we know our wishes and that we articulate them to our families because it's not fair to leave it up to them to decide. First of all, they're going through enough already, but second of all, they probably will not agree.

([09:07](https://www.rev.com/transcript-editor/shared/nwxOz7qe8LX1NYH7ekilkbiN6_IG4DHty8TCB9RXDMupGC5zSGdcIV8exiUazY1f0oAsZa8taDvf9BBDYgPvY2e3eiA?loadFrom=DocumentDeeplink&ts=547.53)):

I am sure they won't in a unanimous way, but you probably won't get what you want if you don't share what you would want. So it's one of the most important things to do. So let's talk about pearls of healthcare proxy. So an advanced directive is a document that has two major parts to it. One is a living will, which would say what you would want or not want for end of life care. And the second part of it is a healthcare proxy. And a healthcare proxy is the person that is going to speak your wishes for you if you can't speak for yourself. So it's your wishes that you've talked about in the living will, what you'd want or not want if you can't speak for yourself, your healthcare proxy is the person that you've designated to speak what you've already chosen. Now here is the doula givers pearl with healthcare proxies.

([09:57](https://www.rev.com/transcript-editor/shared/eB_i8lYmrCJo2llBbn38bmUPJeNXM8ElQfpzFJZT_-OUOqyoEInTWEJRnLqfHWMdNkHjcsKW3PSmrM-r3e_BV2ItaTQ?loadFrom=DocumentDeeplink&ts=597.12)):

One of them, I'm just going to give you one across the board here. If you again are going to read online what a healthcare proxy is, I will bet nine times out of 10 if not higher, it says that a healthcare proxy is the person that you assign or designate to make medical decisions for you if you can't make them for yourself. And that's not true. And let me share why. And there's a big difference here. They're not making the medical decisions for you. They are speaking the decisions that you've already made if you can't speak for yourself and why that is such an important difference to understand is because I've had people that I've counseled and coupled and I've had elderly families that say, well, I'm his healthcare proxy and I'm so nervous because I don't know if I can do it, Suzanne, I don't know if I can make medical decisions for him.

([10:51](https://www.rev.com/transcript-editor/shared/HRxk3FStu2DTY4PrE5uveLGAAzb0QkoCXlVWQxsZV9Rit4BUZtZ-HDBofqP-eP1Bk-HxnEf198hm5o4mJDlTAz1buCg?loadFrom=DocumentDeeplink&ts=651.72)):

And number one, there's a couple of things I want to say about that. Number one, you're not, you're speaking the wishes that he's already chosen. But number two, if you are that uncomfortable in that space, for whatever reason, even if you are the spouse, you should not be the healthcare proxy. It does not need to be a relative or a family member. Making somebody under that stress number one is unfair to them. Number two, you're probably not going to get them to advocate for you. I'm just letting you know it's not that easy to catch doctors and to let doctors know what person wants or not want. It's really intense right now. So for so many reasons, not having them be it if they can't, but knowing the difference when you're asking somebody to be your healthcare proxy, you are articulating what you are choosing and telling them why you're choosing what you're choosing.

([11:40](https://www.rev.com/transcript-editor/shared/EHpAVrOxvAGzLxmtRJE5wfhR43NQoJ6eLZ9I2UY9jr6UiJ0nPfAuoO3oKxv-gglywlYL8b-uStKEX0Dl9gKxL1XdBg8?loadFrom=DocumentDeeplink&ts=700.86)):

And if they are comfortable with that, if they're like, okay, I get it. Yeah, if you're brain dead, you have no quality of life, of course you don't want to be on a breathing tube, I could say that for you. I could speak that for you. Then that's a home run. So you want to make sure that you understand what a healthcare proxy really is and what their role is. Because when you are picking one and you're supposed to pick two in case one is scuba diving off the coast of Costa Rica, they have a second backup that they're understanding what you're asking that you've already chosen and just being able to speak those wishes for you, that's a huge difference there. Alright, so the first choice. So I'm very excited to say this, that the doula givers nine choice document, advanced directive document is done. And why is this so important? It's so interesting when I look at the history of all this advanced planning, planning ahead is 80 to 90% of a positive end of life is planning ahead no matter what the disease process is. I promise you that, okay, I've been through so many end of lifes, I have never found an advanced directive that had it had everything that we needed to ask, had all the information included in it.

([12:58](https://www.rev.com/transcript-editor/shared/ubKByjFdS2SzzoS-krC3J3PjmdYVFSoZSxfeA5PUZgcnx_P_JaX98rf6zeEgZvi_Rrdq6dy0OgxewFNbqiCEA_pnS9s?loadFrom=DocumentDeeplink&ts=778.72)):

And so years ago we've really wanted to make our own. And we've been so busy at Givers institute with all that we're doing, and I totally understand that, that we just didn't have enough time and staffing and be able to do it and now we've done it. So this document, the nine Choice Advanced Directive document has every single choice that you need to answer to have a positive good death. It is beautiful, it is empowering, it is creative, it's just so important. So I'm so happy to be able to share this with you. Choice number one, the first choice that you need to make is what you subjectively deem quality of life is to you. So you want to use quality of life as the benchmark, and this should be the benchmark with everything we decide what pathways we're going to go down for surgeries or medications, chemo, radiation, whatever it may be, when is quality of life not there for you that you don't want to do X, Y, and Z to keep your life extended when there's no quality?

([14:19](https://www.rev.com/transcript-editor/shared/SYaCs_raJArMMfDjf5eZRhj1urJ16sBBmmoGQSX5kjTE6u3-6vAJEthtWCVX31a6HGD6f5eertj_Nu6z0GCf4D08m0Y?loadFrom=DocumentDeeplink&ts=859)):

So you want to subjectively think about that because it's going to be different for everybody. And this is critically important because everything will be based off, every decision moving forward will be based off of this benchmark and quality of life is going to be different for every single person. So what do you want to think about? What brings your day joy? What makes your day worth living? I love to go outside. I love to see friends. I love to talk with family. I love to snuggle with my dog. I love to just have those moments of connection, which takes me to have faculties to be able to do that. So you want to make a list for you what quality of life is and when. Again, that benchmark would not be something that you would want to do. Treatments and surgeries and different things to keep it going if there's no quality.

([15:18](https://www.rev.com/transcript-editor/shared/vy9-y0pMYl-exv_3-4vId97fRZeu1dUGqs1KqYparg5cwcXccCeYgSswAfNFNFg52kiTLoebYW8ViuZcCGOsIvZyuyQ?loadFrom=DocumentDeeplink&ts=918.71)):

So you want to think about what it is to you Again, maybe you're somebody who loves sports and watching the sports and being able to sit with your grandchildren and do that is something really important. Just put all the yummy in there. I had a patient when I was a hospice nurse. I've had so many beautiful families that I've been so blessed to get to know on hospice. This particular woman, she was eight years old, she was just beautiful and her happy, her joy, she had lung cancer and stage lung cancer, so she was very weak and she could not do a lot, but she loved watching the young and the restless soap. Barbara don't judge and eating tuna fish sandwiches with milk. Oh, that kind of just hit me. That was her happy. And she had two incredibly beautiful daughters that she just had so much joy spending time with in conversation.

([16:19](https://www.rev.com/transcript-editor/shared/1haHGcVve4DihRv4KGc2UX_R6_8JgGiKyDwxgp_Si5IKShtmJnABQZWxBC2lfw0OxiXUJfRowJSsAo38RgAyZd2nC1s?loadFrom=DocumentDeeplink&ts=979.04)):

But she loved having her tuna fish sandwich with milk and watching the young and the restless that brought her so much joy every day. So really that was our benchmark of trying to manage symptoms because at one point she had a lot of pain from nerve pain that was not diagnosed, that was keeping her really nauseous and in pain. And finally when we can identify that it was nerve pain, not something that was treated with a narcotic, get that pain down, her nausea went away, she was able to eat those sandwiches again. So I mean everything is really about the highest quality of life and good symptom management can bring it really, really high. But we want to make sure that we understand subjectively what quality of life, what makes our daily worth living, and then we go from there. Then choice number two is at the end of life I would like to be cared for in the following way.

([17:14](https://www.rev.com/transcript-editor/shared/xCkLHhTBKmdYUDfaDkAb8p9KtAHxbD94MtjsXZIWDzy6Xc7dOcjredeWPhu_gSufHLtLAayC37Oy8LI0X9GM7sCsrYs?loadFrom=DocumentDeeplink&ts=1034.24)):

And this is really important, choosing and sharing with family and loved ones how I want to be cared for and why is this important? Because people are really so scared of end of life and checked out with fear and what's happening. And a lot of times they miss it. They forget that you're still there. They forget. And I've had so many doctors, and this is an oncology unit where the person who had the disease process was alert and oriented and the doctor would literally come into the room to do rounds, address the family, the loved ones, and not even address the patient who's in the bed and ask the family, what do you want to do? It's kind of bonkers some of this when your loved one is at the end of life not feeling well, they're physically changing. The way they interact is changing, they're getting weaker, they're still there.

([18:10](https://www.rev.com/transcript-editor/shared/JeEkjkNRpmkCUItE6KTDGsGDlW2fOmIcQ65RXf8iem3KBIv3etwLufHYOUwwXe2t5gCjTeY-QsOefBpeS9-VS40bsVI?loadFrom=DocumentDeeplink&ts=1090.2)):

They want to be seen. They want to be part of it. They want you to act as normal as you can. We know that this is hard, but even when we're in our sleeping comb at the end of life, I want my family to talk to me. They say hearing is a last of the census to go let your family know how you want to be loved and cared for. It actually brings them into a very safe loving space, almost permission to know what to do because you're the one and you're guiding them. So let them know how you want to be cared for that you want to have them talk to you and you want different things. But there's a lot of other choices that go here and I'm going to share with you a couple and I'll share with you some of my personal preferences as well.

([19:00](https://www.rev.com/transcript-editor/shared/feX0ARj-PUl8DuNYnO2EuL4fSqWsqlcZ8rnjOmiWL0wvacPk1RuAy9c1C7XSbBKtz6AMQTxo7Qq0mjP-46SKA1ByCdA?loadFrom=DocumentDeeplink&ts=1140.57)):

How comfortable do you want to be? I'm going to say pretty darn comfortable. There's no reason for anyone to be in high levels of pain. You don't have to be knocked out. But maybe a pain of, again, what's recommended a four or below, I even like a three or below knowing it's there, but it's not taking my every thought to get through every minute. I want to be comfortable. I want them to know that. What about clean and warm? What about do you want warm blankets? Do you want your I'm always kind of cold. So yes, put warm blankets around my feet, tuck me in. Do you want your pets there? Yes, please, of course. Love that. Do you want visitors and how long do you want visits and who do you want? These are again, things that bring back control. A lot of times my patients have told me that they don't want a ton of visitors at the end, but they're too weak to say any different.

([19:54](https://www.rev.com/transcript-editor/shared/nsOeTJvWXcYuh3uSs-9zC7KNwV6zZq-m6JpJM5EfWEAJLsLFjuHI50OzWoSCEDxgAIS0oTKxHkgmSfNnZfwXppmJqK8?loadFrom=DocumentDeeplink&ts=1194.99)):

And so controlling this is really important in a beautiful loving way. You want to be treated with respect and dignity and love and kindness and compassion. One of the things that I've seen often and it's doing anything wrong, but I feel like when people are so fearful and checked out at this last phase and they sometimes forget that you're still there. And so when people are in a deep sleep coma and they need to be changed, lots of times the hospital room is in the middle of a focal room, like a living room and people are all in there. And if the loved one needs to be changed sometimes because they're in a sleeping coma, the family doesn't think it's a problem of embarrassment or anything. And I'll tell you this, don't do that. We need to get grounded on this because this is super important.

([20:45](https://www.rev.com/transcript-editor/shared/OZmM39l6VDzQaKvbwEtqqoJSXTerYKwV6u8Ww6Zauodsl0htFXuyHrTD09O2sUw8Wj1G6fgixCqvROD4gwkIvLol4kk?loadFrom=DocumentDeeplink&ts=1245.99)):

The rule of thumb and doula givers, and this is a very good way to proceed with your care of your loved one, is to never do or say anything in front of somebody who's asleep that you would not do or say in front of them when they're awake and even if they're in a sleeping coma. Would you want to be changed in front of a room full of people? Of course not. Of course not. So just it's some of these loving reminders that we have to do. So letting your loved ones know when quality of life is no longer present for me, as I have described in my choice. Number one, I'd like to be cared for in the following way and I'm going to add, and there's more. How do you want to physically be cared for? Do you want your hair brushed? Do you want reflexology, massages? How often? Look, let's shoot for the sky here.

([21:33](https://www.rev.com/transcript-editor/shared/713NKOBcsmSEhcOOqOTslPTb0-BgPDHJ2ikOBn48nOGxvREk1hcKxqb08RjcPJcrRcaWNxMASx8jsdOct8wuXQ3_cJI?loadFrom=DocumentDeeplink&ts=1293.46)):

If we get halfway there, we're going to be good. If we don't make any choices, we don't have any choices. It gives you family direction to it gives them an outlet to go forward in this space. Warm blankets. I can do that for mom. I can throw that in the, I can bring it to mom. She wants to have her nails painted. I mean, let the grandkids do it. That's kind of fun for them to do and they're taking part in it. Yes. Would she like her hair brush? Sure, why not? Maybe even a little lipstick. I have this great story about one of our doula givers was telling a story that when she was a little girl and her grandmother was dying. She was about seven years old, I think seven or eight. And she said her grandmother was dying and she put lipstick on her gaga and she always used to love to wear a lipstick.

([22:20](https://www.rev.com/transcript-editor/shared/4dyravphJn113YDPlHbCGngOluvIA1ZV7peQhm60dd9PmgddGPreq4K20BtswN1UEdD56a1Hd3KY4q_W-1JbXtb1AfI?loadFrom=DocumentDeeplink&ts=1340.92)):

And this is such a beautiful story because everyone left the room at that moment and her grandmother said to her, grabbed her face and said to her, it is so beautiful. Don't be afraid. Talking about where she was going next. She saw where she was going next and she took this little girl's face and she kissed it all over and was so excited and said, don't be afraid. It's beautiful. And she died. When people came back into that room, including the grandmother's husband, they were just overwhelmed with grief and sadness and crying and this little girl with kisses, lipstick, kisses all over her face was like, no. She said, it's beautiful. Don't be sad. That served this little girl her whole entire life. That gift, what her gaga gave her about don't be afraid is a gift that served her whole entire life. But the picture of the little girl with kisses all over her face from the lipstick is just absolutely precious.

([23:23](https://www.rev.com/transcript-editor/shared/OnZQ8Ln10Sf25kXAuU_R819eUIJi2n73xcjKJvNefHGRoI2v9nHSGFJpt6u36mfNFnjK24ShK_oNdXfkMmqRE4kzh70?loadFrom=DocumentDeeplink&ts=1403.29)):

So make it specific. What do you want? You can have everything you want. And I say more is better because if we can get halfway there, but I think we can even get more than halfway, maybe we can get 75% there. It also gives directions to your family. Choice. Number three in the nine choice advanced directive document is the person I choose to speak. My wishes that I have already chosen if I cannot speak for myself is and a doula giver's parole here for the healthcare proxy is please note that there are different names for healthcare proxies depending on where you live. Sometimes it's a healthcare surrogate called a healthcare surrogate. Sometimes it's called a healthcare power of attorney, which gets incredibly confusing for people because they say, no, I have a power of attorney already. And that's a power of attorney for their material things.

([24:13](https://www.rev.com/transcript-editor/shared/Z82lTk-lXZFLTQ18zUpge5rNNcYE_zp5Yr3HByHkp5ef0YDyPnOFjPPzEAnMiHS7jvyMA4lOJbwLYwlcq8jT8aOlFMU?loadFrom=DocumentDeeplink&ts=1453.4)):

That's not a healthcare power of attorney. So it's really again, the healthcare proxy. And it's important for us to know that there are some different names depending on the state in which you live in. But understanding the key role in the healthcare proxy's role is to speak the wishes that you've already chosen for yourself. If you're not able to speak, they're not making the decisions for you. Now, choosing the right person to speak your choices that you have already made if you cannot speak for yourself or are too weak is so important. What you need to have somebody who's an advocate, you need to have somebody who is able to be comfortable, fully comfortable with your choices. If they are wavering at all with, oh, I don't know if that's the right decision, not to put mom on a feeding tube or a breathing tube.

([25:03](https://www.rev.com/transcript-editor/shared/jORb7a6UqYW8qV9A26-nzdilAe_eHqdQbmDVurah0TxPN0CicLvDbwO26GzqJu5TpG5VbgnZQVOqqaZ1pUL0CQD9qPM?loadFrom=DocumentDeeplink&ts=1503.44)):

That's their stuff coming up and I get it, we all have it, but it's not yours, it's theirs. And a lot of times people project their fears and what they would want on others. So you have got to make sure that your healthcare proxy is very comfortable with the choices that you're choosing. And the best way to do that is to be clear about what you're choosing and why and use that quality of life as a benchmark. Yeah, very important. So take your time and think about who may be a great healthcare proxy for you. Meet with them, share what your choices are in the nine choices document. Explain why you are choosing what you're choosing. Let them ask questions. Let the fear come out now and again, making sure that they're comfortable with your choices because it's not always easy. It's not always easy to talk to doctors about these things.

([25:59](https://www.rev.com/transcript-editor/shared/BrSuwbshGVfO1ht7akCuGy9f_3HCVlCB5Uo8_-424hJoKLtpyFsotUu5WdJs4KZJaQs0hjAnyOJMBMY4xM9ZadZcywI?loadFrom=DocumentDeeplink&ts=1559.15)):

Sometimes they have their own ideas. So you have to have somebody who has a good strong muscle with advocacy and is not wavering about what you're asking. So here's some doula giver pearls with healthcare proxy does not need to be a relative. So that's important. It does not have to be a relative, does need to be someone 18 years or older. That makes sense, right? Does need to be someone who is comfortable with what you are choosing and preferably someone that lives in close geographical distance so that they can catch the doctor on rounds in the hospital. You want to pick a primary healthcare proxy and then a secondary one for backup. So again, I will always say you don't have to have it, but if somebody is in close geographical proximity or is willing to come to the area if need be, because doctors run in and out, they do rounds in five minutes once a day, sometimes in that place it is very hard to catch them.

([26:59](https://www.rev.com/transcript-editor/shared/Gc6iKx80iuwxNabvxApI6-Ztwt3bWWxrxDwi2HiwrJ98cETL64e--YRfYLJI6lE3chgZgYtNpr9OMKfGlXkpC2Z9NMM?loadFrom=DocumentDeeplink&ts=1619.55)):

So to be that healthcare proxy and try and get them, you got to get them if you want to make sure that they're knowing what the wishes are that this person wants you to advocate for. So it's not the easiest thing to get done, but there should be, again, your secret weapon. If I'm going to stress this fact is the pulse form that had been done when a serious illness arises and it's now in the chart and it's a medical order that the doctor has to follow. That is your secret weapon there. Alright, choice number four, what do you want your family and loved ones to know? So what do you want them to know? I have this great thing that we're doing and that I share is write love notes. What's a love note? A love note is something that you know when you have this beautiful thought of a family member or maybe you had a visit with your son and you did some really special things and had some great laughs and you just jot down about that and just leave it for when you're physically not here anymore.

([28:05](https://www.rev.com/transcript-editor/shared/PYmN-At1m_eQFBwUxeOcrHtuu3lzrrO1Rc0EfxfEW6U2obJksyZTvAW6a3ooAORs3q5lffuqSBJzmjqb6B71ZZ2SYzY?loadFrom=DocumentDeeplink&ts=1685.79)):

You can even send it to them for sure. But I definitely love notes to be left and also to say it, say it now, but also you can't say it too much. You can't tell people you love them, thank them, whatever is on your heart too much. But this is our moment. So when we are in a place that we're thinking about the end of life, what do you want your loved ones to know? Share what you feel in your heart. Usually it's a thank you, it's a forgive me, maybe it's an I forgive you. Maybe it's all of the above. Why is this so important? It is a huge gift to them to have insight on how you feel. So let them know how you feel. Tell them everything that you want to tell them. We don't know when this window of opportunity will close.

([28:54](https://www.rev.com/transcript-editor/shared/diaWe7HoIjrPuswsuq3lrzVWrnxs54wr6WhOEPqzR433IyGgzwrfMSOzn6kerFw_H6dZHIIHau3nZ26cZ801lzr12wM?loadFrom=DocumentDeeplink&ts=1734.45)):

And I want to share this. Don't wait. Don't wait for end of life for these conversations. Do it now. Do it today. Call your loved one. Say, I just want to thank you for being my mom, being in my life. So here are some examples. I love you. I forgive you. Don't be afraid, don't be sad. So many people at the end of life tell me that they are so upset of how sad their loved ones are. Yes, this physical body is leaving, but they don't want them. They love them. They don't want them to be sad. I'm sorry if I ever hurt you.

([29:38](https://www.rev.com/transcript-editor/shared/lx7icKh6OWz9KcA8brEEYoC0VYb0j7nQ2IbCLMBprfhyggCfyDvAMqW15PY-k8IRPOcLUpa8Yji0RMvf-eQACQYD2iQ?loadFrom=DocumentDeeplink&ts=1778.13)):

Look, let's be honest, life, we do the best we can with where we are at the time. And the struggle is real Life is hard and it has super hard moments and we've all done things that we need forgiveness for and we all have things that we need to forgive others for. Ask them, say, I'm sorry if I ever hurt you. Just cover it. And then again, end of life patients will say they want their families to treat them like they always have. They want their friends who are visiting. Treat me like you always have. Let people know what you want for them. It actually is beautiful, it's giving them direction and please continue to talk to me even when I'm in my sleeping coma. I mean those are examples. You can make this however you want. And then I'm just going to go over a couple more choices and let you know again, the full picture of this is that you want to pick choices for your vigil period.

([30:37](https://www.rev.com/transcript-editor/shared/V6XT9BMDdFOslEGIOYBZEM8kb1NsLXLCzMTeG-MSSwPXSx-VS9GrxdTLDbObziEECP3SeM5B_F72q9qazXg1yE405d4?loadFrom=DocumentDeeplink&ts=1837.54)):

How do you want that to look? End of life is a sacred, used to be revered as a sacred rite of passage and we need to bring that back. And it is, it'll change your life forever when you're part of a good end of life. What do you want that end of life space to look like? Who do you want there? Do you want your animals? Who do you want there? Do you want music playing? Do you want dim lighting? Do you want readings? All of that let people know. And there's lots of questions that go along with how you can create that sacred space at the time of death I choose. And that's choice number six, letting my family know what I want to happen immediately at the time of my death. And one of the things I want to stress to you is don't rush this process.

([31:24](https://www.rev.com/transcript-editor/shared/vJCMoBQ_gbErqB_cNHB0Rsvt0RzZes0jpMAWuL2mMaFLP5y7voWnDXDBV7Rh2pDZVovsSJM8Ahg_XMIACUejiClAgAY?loadFrom=DocumentDeeplink&ts=1884.04)):

Don't rush the process after somebody dies. It is directly related to the healthy grief and bereavement that's going to follow for families and we'll never be able to get this time back. So it's super important for us to slow this down and answer these questions directly related, again, bringing ritual back into this space but also directly related on the health and the healthy way that your loved ones are going to move forward with their grief and bereavement choice. Number seven. So very important, important and so many good choices. Now, disposition. And what does that mean? Where do I want to be laid to rest? The choice is yours and there's so many good ones. Now I call something dying to be green. There are green choices that are environmentally friendly, financially friendly, spiritually friendly, and there are great ones. So what do I choose to have done with this beautiful gift of a body that I have been given after I die?

([32:29](https://www.rev.com/transcript-editor/shared/WmKrEhLLo5S5BUzYN7LEI_zAA2FP_uLsg_MrmzwNz_6SG9V5Lzdu3cUcZePb6LclY5BAHonngxUAbScNZ4jSgt3LRI8?loadFrom=DocumentDeeplink&ts=1949.05)):

Do I want to make a decision that's going to have a positive impact on the planet for years to come? Or am I going to not make a decision and let it go default and have a disposition done that is going to be a detriment to the beautiful earth? And again, I'm putting it that way because I think we have to be very, very clear on when we don't use our power of our choices, it goes into default and the default is killing us. It's literally killing us and killing the planet. And we have to be very important in the awareness to know that education is everything and it can change a positive end of life to one that's not. And it can change how much money I spend to spending little and it can change impacting the planet in a beautiful, healthy, enriching way or contributing to the unhealthy state that it's in.

([33:28](https://www.rev.com/transcript-editor/shared/ftOE-RLz4ZVEevwmowRT7_82aV1ZkmarMSLsDZ9RkaFnVDjG8XLOicAfSelrkZRuG4_iUNghh_3_G_OCPEKGGIUh1xo?loadFrom=DocumentDeeplink&ts=2008.55)):

These are powering questions. So you want to find out what those different options are. And a doula giver pearl here is that you do not have to spend a lot of money to honor your loved one afterlife. So you can choose whatever you want. And again, there are green options, water cremations, natural burials, human composting, it's all happening in their great. What about choice number eight, life celebrations. What do you want for your life? Celebration your memorial. There's also a movement to do living wakes and having, you can have, I mean we have plenty of examples and the confident caregiver for end of life course with real stories of people who've chosen to be, and both of them were great. They were so good having a living funeral that they're part of that they're here for. So where do you want it to be? Music, food, readings, anything, life celebrations, let your loved ones know. And then ongoing honoring end of life is not a two week. And then you're over it experience, which is how we treat it now, having a ritual, having an ongoing honoring. And I'm going to pose this question to you right now and this suggestion. What if the day we transitioned the day of our death was our second birthday?

([34:52](https://www.rev.com/transcript-editor/shared/lMiUwIHymII3-CvFVMHNINbxt-15Lzyy9FsxYrcWKDIYE7eHEKD0SW_rkCgeSTMwA5OqJ6jzJWqaRL36DBpwG8iWuh8?loadFrom=DocumentDeeplink&ts=2092.37)):

What if the day that we died, this physical body was our second birthday of birth into the next life that we're part of? And we honored that and we had a different attachment perception and perspective attached to the end of life experience. We can't change that end of life will be a part of the journey, but we can change our relationship with it. We can change our perception of it and that is absolutely everything. So what about ongoing honoring, what is that? What about every year on your second birthday there was a little party for you that people made your favorite meal got together, maybe even did a present exchange with each other? These are great ideas. It keeps your memories alive, it keeps the love alive. It gives them a container for their grief journey, missing the physical you, but it also creates a different energetic attachment to it being a second birthday and then an ongoing celebration for that.

([35:59](https://www.rev.com/transcript-editor/shared/OJyJGjh8-y0RF5wEBpSTp28ITXwcRwZlciDYSEwidv4eVmq27pUSB077mIh1Kl9Iq-pr7X9sJLcY_eWCRcI2GhzowzE?loadFrom=DocumentDeeplink&ts=2159.25)):

It is incredibly important that we switch the way that we're doing our relationship with end of life because right now it's completely the opposite and it doesn't need to be. And these are the nine questions that you have in the document. There are other, again, different terminologies that's in the document itself and it flushes out a lot of those questions in what it is, why it's important, what you need to do. And you can fill out each one of those sections. And I want to invite you, if you want to be part of a live learning lab nine choice document workshop that I'm doing. It's coming up soon. It's going to be a one day workshop where we're going to roll up our sleeves and get it done. So by the end of that workshop, you will have your nine choices filled out, done, and the peace of mind with that, we'll be absolutely priceless. So if you'd like to join me for that live workshop and a whole community of amazing people, the link is below. It's coming up soon. So please make sure that you do that. And you can always grab the nine choice document as well with the link below. So I want to thank you so very much for being part of this podcast. My name is Suzanne O'Brien and this is Ask a Death Doula, and I will see you in the next episode. Thanks everybody.

Speaker 2 ([37:14](https://www.rev.com/transcript-editor/shared/5UK-TEMGHLBUe4Iu_iKZb2nrm1AEUwpy8BjKomDk6tfyYfc44UaqacawSZEqnXl229BpC-vSJ7z9ZeCkBnRPSqHSL6c?loadFrom=DocumentDeeplink&ts=2234.79)):

Thank you so much for being part of Ask a Death Doula podcast. Please remember that everyone everywhere has the ability to have the good death with the right education, kindness, and support. See you in the next episode.