Living Well, Dying Well: Well-being throughout the life spectrum

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Living Well Nurse Coaching
Disclosure Statements/Bias

- We are all aging.
- We are all going to die someday.
- Death is a natural part of life.
- Most of us go unprepared into death – our own and those whom we love.
- Preparing for death can be one of the most healing, sacred, and life-affirming acts of a lifetime.
Objectives

- Discuss the relationship between integrative health and hospice/palliative care.
- Recommend a whole-person approach to conscious living and dying that extends through the whole life span.
- Explore how practices for living well correspond to practices for dying well.
- Understand the importance of practitioner self-awareness, self-reflection, mindful practices, and presence.
Deeper Objectives

- Exploration of ideas
- Invitation to reflect
- Opportunity to expand our conversations about living and dying
Lineage of Nursing Wisdom
Inquiry – Exploration -- Opportunities

• Where does death/dying belong in the paradigm of integrative health/wellness/positive aging?
• What does well-being look like at end of life?
• What are the new, emerging models in the second wave of end of life care in the US?
• What is a new model of health care decision-making for people living with serious illness?
Healing & Homeostasis

- Resilience
- Repair
- Regeneration
- Restoration
- Neurogenesis
- Neuroplasticity
- Vitality

What is developmentally appropriate for advanced illness and for dying?
Healing

Wellbeing

What does this mean to you...and to your practice?
Healing

Healing is associated with three main themes:
◦ wholeness,
◦ narrative, and
◦ spirituality.

Healing is defined as a shift in quality of life away from anguish and suffering, toward an experience of integrity, wholeness, and inner peace.

This shift in quality of life is the overarching goal of whole person care…

Whole Person Care: A new paradigm for the 21st century, 2011, Tom Hutchinson
Wellbeing

General term for the condition of an individual or group and their social, economic, psychological, spiritual, or medical state;
based on the idea that the way each person thinks and feels about her or his life is meaningful and important.

*Nurse Coaching: Integrative Approaches for Health & Wellbeing*, 2014, B Dossey, S Luck, B Schaub
What do we know about **wellbeing** in the second half of our lives?

*It ain’t over till it’s over*

A user’s guide to the second half of life

William E. Diehl and Judith Rulhe Diehl
Erikson – Developmental stages

- Ages 40-64: Generativity vs stagnation
  - Contribute to society
  - Guide next generation

- Ages 65-death: Ego integrity vs despair
  - Integrity = wholeness
  - Life review/Life wisdom

*Nursing for Wellness in Older Adults, 5th ed., 2009, Carol A. Miller*
Jung – 2\textsuperscript{nd} Half of life

- Life as continuous search for true self
- Turning inward: Self-exploration
- Discovery of meaning
- Accept diminishing capacities
- Accept increasing losses

- “The first half of life is devoted to forming a healthy ego, the second half is going inward and letting go of it.”

\textit{Nursing for Wellness in Older Adults, 5\textsuperscript{th} ed., 2009, Carol A. Miller}
“A human being would certainly not grow to be seventy or eighty years old if this longevity had no meaning for the species. The afternoon of life must have a significance of its own and cannot be merely a pitiful appendage of life’s morning.”

Modern Man in Search of a Soul, 1933, C Jung
Gerotranscendence theory

- Lars Tornstam (1994)
- Shift from a rational, materialistic meta-perspective to more cosmic, transcendent vision
- Deepening wisdom & spirituality
- Increased sense of intergenerational continuity
- More able to counterbalance losses & focus on what is important in life

*Nursing for Wellness in Older Adults, 5th ed., 2009, Carol A. Miller*
Health & Wellbeing: Integrative Lifestyle

- Increases in *life span* in US not matched by increases in “*health span*” – time spent living in good health. IOM (2013)

- “The next chapter in medical advance will need to be as much about *lifestyle* as medicine if we are to add life to years along with years to life.” (David Katz)
These two women are approximately the same age.

Which life are you designing?
Who is someone you know who is living well as they age – and what do you notice?
Living Well, Aging Well

- Exercise…Movement…Flexibility
- Healthy eating
- Managing stress & Building resilience
- Social support
- Emotional connection/intimacy
- Managing chronic health condition
- Planning life transitions
- Adjusting to losses, new roles
- “Getting things organized & in order”
Trends – Aging

- ‘Grey tsunami’ – Baby Boomers
- Positive aging movement (vitality, choices)
- Conscious aging (meaning, intention)
- Life expectancy increases
- Alzheimer’s increase 44% -- 2025
- WW II generation – learning from this ‘aging experiment’?
- More demand for integrative health services
Emerging models—Aging

- ‘Encore’ careers
- Aging-in-place ‘village’ communities
- Co-housing models
- The Eden Alternative—NHs, ALFs
- ACA: Care coordination, IP teams, medical/health homes, ACOs
- New roles of coaches, navigators…
- More engagement/control over choices
- Increase in integrative health options
CAM – Integrative Practices

- **CAM**: A group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine
  
  - **Alternative medical systems** (Traditional Chinese Medicine, Ayurveda, homeopathy, naturopathy)
  - **Mind-body interventions** (biofeedback, hypnosis, mindfulness meditation, yoga, guided imagery)
  - **Biologically based therapies** (diet, supplements, herbals, vitamins, detoxification, elimination)
  - **Manipulation and body-based methods** (massage, chiropractic, osteopathy, Feldenkrais, Alexander Technique)
  - **Energy therapies** (acupuncture, Reiki, magnets, therapeutic touch)
Study: CAM Use & Older Adults

Most common motivation for CAM use:
- Pain relief
- Improved quality of life
- Maintenance of health and fitness

Most common CAM therapies:
- Chiropractic
- Herbal medicine
- Massage therapy
- Acupuncture

Study sample of senior citizens perceived CAM treatments to be extremely beneficial

Study: CAM & Older Adults

- Top 5 CAM modalities used:
  - Nutritional supplements
  - Spiritual healing/Prayer
  - Megavitamins
  - Herbal supplements
  - Chiropractic

- Most common conditions treated:
  - Arthritis and Chronic pain

- Overall satisfaction CAM use was high (80%)

- Only 53% of users disclosed CAM use to their primary care providers

Wellness & Cognition -- Aging

- Cognitive impairment increases with age.

- Baby Boomers represent a significant percent of the population at risk for cognitive impairment.

- **6 Dimensions**: Occupational, social, intellectual, physical, emotional, spiritual

- Wellness and prevention is one focus of Institute of Medicine's vision for the future of nursing.

Wellness & Cognition -- Aging

- **Emotional wellness** strongest association with cognitive ability (social networks, intimacy, emotional expression)

- Influence of multiple dimensions may provide strongest cognitive protection

- Intellectual wellness did not demonstrate statistically significant contribution to cognitive health

- High wellness in one dimension may protect cognition by compensating for low wellness in another dimension. The interconnectedness of each of the dimensions signifies the importance of evaluating older adults holistically.

Wellness & Cognition: Recommendations

- Nurses assume leadership roles in interdisciplinary public health campaigns that educate older adults about wellness and cognition

- Creative campaigns about the influence of emotional wellness on cognitive ability in aging

- Assess patients holistically: if unable to improve emotional wellness, focus on improving physical, spiritual, or social wellness

The Waters Senior Living

- Collaboration w/ Univ of Minn Center for Spirituality & Healing
- Innovative approach to wellbeing
  - Active Life with Purpose – Physical wellbeing
  - Community Engagement – Emotional wellbeing
  - Personal Growth -- Intellectual wellbeing

Rambam Maimonides Medical Journal, Integrative Nursing: Application of Principles Across Clinical Settings, 2015, MJ Kreitzer
Healing

Wellbeing
Integrative Nursing

Nursing care that is system-focused on the whole person/whole systems, grounded in relationships, and delivered by interprofessional teams that include both conventional and integrative care modalities.

*Integrative Nursing*, 2014, Mary Jo Kreitzer & Mary Koithan
Whole-Person Nursing Care

**Hospice & Palliative Care:**
- Draw from integrative principles that address body, mind, and spirit
- Model of quality, compassionate care for people facing life-limiting illness or injury
- Provide emotional and spiritual support personalized to the patient’s and family’s needs and wishes
- Patient & family are the unit of care
- Team oriented approach
- Alleviate the effects of disease without curing
- High-quality symptom management
- Practitioner self-care

**Integrative Nursing:**
- Whole-person care that focuses on healing and well-being at all points along the life spectrum -- and is therefore an important voice in the conversation about conscious living and dying well.
- Work w/ people to help them gain an enhanced sense of well being, balance and satisfaction in their lives
- See clients as whole beings, each w/ capacity to connect deeply w/ her/his own inner wisdom and truth
- Draw on client’s strengths and resilience
- Practitioner self-care
EOL Care & Core Values of Holistic Nursing

- **#2: Holistic caring process**
  - Assessment includes the transpersonal & energy field
  - Use of CAM/integrative therapies for QOL

- **#3: Holistic communication, therapeutic environment & cultural diversity**
  - Caring & loving presence = healing environment
  - Grief & cultural competency

- **#5: Holistic self-care**
  - Compassion resilience vs. fatigue
  - Self-awareness re: beliefs & fears about death & dying

*The Importance of Holistic Nursing in End-of-Life Care, Beginnings, 2012, L Thornton*
The Circle of Life
Death is not a medical event, a failure, or a problem to be solved.

It is a natural part of the life cycle and holds the possibility of meaning-making and transformation for all of us.

There is a growing cultural awareness that we need to navigate a more conscious and compassionate approach to care at the end of life.
Trends – End of Life

- Multiple reports that we’re not dying well
  - 2014 IOM report – ‘Dying in America’
- 2\textsuperscript{nd} wave of innovation & reform
- Tipping point? National EOL conversation
- Younger generation – post-hospice
- ‘Taking back’ funerals, burial, EOL story – post-hospice counter-culture?
“It’s not the disease that ends their well-being; it’s our unwillingness to number them among the living.”

“How does a person die healthy?
Health is not the absence of disease or hardship or brokenness. Health includes all of that. It includes dying.”

As We Lay Dying, The Sun Magazine, 2015, Stephen Jenkinson
"Dying well is the unthinkable thought in a culture that does not believe in dying, and it will take about as much courage and wisdom as you can manage to do it. Dying well is a life’s work."

Die Wise: A Manifesto for Sanity and Soul, 2015, Stephen Jenkinson
Who is someone you know who died well... and what did you notice?
2016 Realities

- **80%** Americans want to die at home
  - 21% die at home

- Only **20-30%** of Americans have advance directives
  - Only **25%** of physicians knew their pts. had ADs on file

- Patients who talked with their families or physicians about their preferences for end-of-life care:
  - Less fear and anxiety
  - More able to influence & direct their medical care
  - HC team had better understanding of their wishes
  - Had greater understanding & comfort level than before
4 Significant Changes

- **Where we die** has shifted dramatically
  - 1920: 75% Americans died at home
  - 2014: 63% hospitals & 17% LTCFs

- **How we die** has changed
  - Before 1974: Sudden death
  - After: Slow death
  - 7 of 10 Americans die of chronic disease

- Average life expectancy doubled past 100 years
- Decentralization of the American family
Trajectories – Progressive, chronic illnesses

- **Short period of evident decline**
  - Mostly cancer
  - Specialist palliative care input available
  - Death
  - Often a few years, but usually over a few months

- **Long term limitations with intermittent serious episodes**
  - Mostly heart and lung failure
  - Sometimes emergency hospital admissions
  - Death
  - 2-5 years, but death usually seems "sudden"

- **Prolonged dwindling**
  - Mostly frailty and dementia
  - Onset could be deficits in functional capacity, speech, cognition
  - Quite variable – up to 6-8 years
  - Death

*Time*
Opportunities & Conversations

- **Trajectory #1** – Short period of evident decline, typically cancer
  - Wt. loss, decreased performance status & ability to self-care

- **Trajectory #2** – Long term limitations w/ intermittent serious episodes & declining baseline, ex. end-stage diseases
  - Deteriorations generally a/w admission to hospital & intensive treatment

- **Trajectory #3** – Prolonged dwindling, ex. dementias/Alzheimers, multi-system frailty
  - Low baseline w/ progressive disability

*Illness trajectories and palliative care, BMJ, 2005, Scott Murray, Marilyn Kendall, et al*
I HAVE BIG PLANS FOR MY LIFE.
LIKE WHAT?
LIKE NEVER Dying... I DON'T PLAN TO DIE.
WE HAVE NO CHOICE, PIG. WE DIE WHETHER WE WANT TO OR NOT.
THAT'S GONNA AFFECT MY OTHER PLANS.
When do we start dying?

- Living with serious illness
- Dying from serious illness
- Transition from living to dying
- When do we start talking about it?
“Our reluctance to honestly examine the experience of aging and dying has increased the harm we inflict on people and denied them the basic comforts they most need.

Lacking a *coherent view* of how people might live successfully all the way to their very end, we have allowed our fates to be controlled by the imperatives of medicine, technology, and strangers.”

**Coherence**: the quality of forming a unified whole
Not Dying


New model:

- If *not-dying* drives decision-making, then what’s left if we take that away?
- What do we hold onto?
  - *The Way It Is*: “While you hold it, you can’t get lost…”
- Stu Farber: What is the narrative of our lives & how does it inform our decision-making?
There’s a thread you follow. It goes among things that change. But it doesn’t change. People wonder about what you are pursuing. You have to explain about the thread. But it is hard for others to see. While you hold it you can’t get lost. Tragedies happen; people get hurt or die; and you suffer and get old. Nothing you do can stop time’s unfolding. You don’t ever let go of the thread.
“The clinicians who treated me have good hearts, care deeply, but possess little or no knowledge of my thread.

My thread is the narrative I use to make sense of my life. It is longitudinal, non-linear, emotional, filled with contradictions, and integrates my life experiences into a coherent whole.

It is within the values and meanings of my story that treatment decisions are made.

What contributes to meaning and quality is not about living longer but living a life that is consistent with my thread.”

Comprehensive care should

- be integrated, patient-centered, family-oriented;
- consider the evolving physical, emotional, social, and spiritual needs of individuals approaching the end of life, as well as those of their family and/or caregivers;
- be consistent with individuals’ values, goals, and informed preferences.
Nurses’ Role at EOL

- “Nurses can play a pivotal role in patient and family illness and care awareness by facilitating palliative care communication and supporting the conceptual shift to early palliative care.”

- “Communication is the cornerstone of basic nursing practice and a fundamental skill across all settings of care is to identify the patient’s goals of care. As patients and families continue to face serious illness, transition to palliative care, and make difficult decisions, nurses will play a critical role and remain as the predominant professional at the bedside.”

- “Nurses accompany patients on their journeys; through such ongoing and intimate encounters, they support patients in confronting the weariness of living and dying.”

“Wit” – Decision-making

https://www.youtube.com/watch?v=p-oktCUA0mk
Integrative Nursing Principles: End of life context

- **Human beings are whole systems inseparable from their environments**
  - Desire to die at home
  - Creating home-like inpatient settings
  - Create opportunities for hospice patients to visit places that have meaning for them

Integrative Nursing Principles: End of life context

- **Human beings have the innate capacity for health and wellbeing**
  - Change in goals and focus from cure to whole-person healing
  - Opportunities for healing and deep satisfaction
  - Making intentional choices about the last part of their lives
  - Ira Byock – 4 things that matter most
Integrative Nursing Principles: End of life context

- Nature has healing and restorative properties that contribute to health and wellbeing
  - Spending time outdoors
  - Having hospital bed near window
  - Inpatient units that have easy access to outside
Integrative Nursing Principles: End of life context

- **Integrative nursing is person-centered and relationship-based**
  - The patient & family are the unit of care
  - The hospice or palliative care team are interdisciplinary
  - From admission to death – what matters to you? What are your priorities for this last part of your life?
  - Trust-building is essential – vulnerability and entering into both a home and a family’s life at crucial time
  - ‘Holding space’ as intentional skill of compassionate presence
Integrative Nursing Principles:
End of life context

- Integrative nursing is informed by evidence and uses the full range of therapeutic modalities to support/augment the healing process, moving from least intensive and invasive to more, depending on need and context
  - Deep knowledge of pain management – visceral, bone, nerve…non-physical
  - Titrating medications based on patient priorities
  - Experts in symptom management – palliative consults
  - Integrative modalities common in hospice & palliative care:
    - Massage, energy modalities, aromatherapy, mindfulness/meditation, prayer, music therapies & music thanatology, art therapy, pet therapy, use of probiotics, guided imagery, progressive muscle relaxation, life review, rituals of living & dying…
Integrative Nursing Principles:
End of life context

- Integrative nursing focuses on the health and wellbeing of caregivers as well as those they serve
  - Support for family caregivers – mindfulness, relaxation practices
  - Compassionate presence to counter compassion fatigue
  - Bereavement support during team meetings
TOP 5 REGRETS OF THE DYING

FROM THE GUARDIAN NEWS REPORT: TOP FIVE REGRETS OF THE DYING

1. I wish I’d had the courage to live a life true to myself, not the life others expected of me.

2. I wish I hadn’t worked so hard.

3. I wish I’d had the courage to express my feelings.

4. I wish I had stayed in touch with my friends.

5. I wish that I had let myself be happier.

The Top 5 Regrets of the Dying: A life transformed by the dearly departing, 2012, Bronnie Ware
“Loneliness does not come from having no people about one, but from being unable to communicate the things that seem important to oneself…” (Jung)
“Through the coaching relationship of trust and mutual respect, the Integrative Nurse Coach and client/patient are engaged in a manner that allows for a shift in consciousness and exploration of life’s journey, health and wellbeing goals, and transformation.”

_Nurse Coaching Through a Nursing Lens, 2015, Barbara Dossey & Susan Luck_
Integrative Nurse Coach 5-Step Process

• Connect to the story
• Deep listening and skillful questioning
• Invite opportunities, potentials and changes
• Practice, integrate, and embody change
• Guide and support the transforming self

One story...
Another story...
“A goal without a plan is just a wish.”

Antoine de Saint-Exupery
HAVE YOU HAD THE CONVERSATION?

Help get it out in the open. When it comes to end of life,
I want mine to be...

Share how you want to live the end of your life.

the conversation project

TODAY! 11:30 am, 2 pm

Death Café
tea, cake, conversation

let's have DINNER
and talk about DEATH
Emerging models: End of life

- Advanced Directives, ‘The Conversation’
- Social media -- EOL communication
- ‘Concurrent care’ programs
- ‘Golden Rooms’...community hospice homes
- Legalization of ‘death w/ dignity’
- ‘Green’ burials, Alternative funerals
- Death cafes, death salons
- Death doulas
- Death planners (Forbes magazine list)
- Integrative thanatology
- The Art of Dying
Living Well, Dying Well

**EVERYDAY HOSPICE**

Enjoy your favorite foods, because, at this point, why not?

Grilled cheese

Mint chocolate-chip ice cream

Don't waste time doing stuff you hate.

I don't like you. Goodbye!

No heroic measures.
“People with serious illness have priorities besides simply prolonging their lives.”

Surveys find that their top concerns include:
- avoiding suffering,
- strengthening relationship with family and friends,
- being mentally aware,
- not being a burden on others, and
- achieving a sense that their life is complete.

Our system of technological medical care has utterly failed to meet these needs... how can we build a health care system that will actually help people achieve what’s most important to them at the end of their lives.”

*Being Mortal*, 2014, Atul Gawande
5 Significant Questions...

...that help guide a discussion of what matters to an individual, how to navigate through anxiety towards more peace of mind, and how to set goals of care:

- What is your understanding of where you are and of your illness?
- What are your fears or worries for the future?
- What are your goals and priorities if seriously ill?
- What outcomes are unacceptable to you? What are you willing to sacrifice and not?
- What would a good day look like?

*Being Mortal*, 2014, Atul Gawande
Informed mindfulness is a concept that connects mindful self awareness and self-regulation with educated decision-making.

The mindful person is aware, nonjudgmentally, of what is occurring in the present moment and understands that his or her response is a choice.

With informed mindfulness, as situations arise and decision points are faced, that same person is able to place what is happening in its larger context and, having clear values and being sufficiently educated, make an informed choice within that moment.

Pebble in the Pond, 2014, The Bravewell Collaborative
Nurse Coaching Opportunities: End of Life

• **Individual & Group coaching**
  ◦ Well-being & chronic/end-stage illness
  ◦ Preparation for EOL: Exploring meaning & purpose & making choices
  ◦ Caregiver support
  ◦ Grief & bereavement work

• **Collaboration w/ other professionals:**
  • *Sacred Journey: Aging, Illness & Dying*
Opportunities (cont.)

- **Facilitation & Coaching**
  - Proactive EOL plan (‘EOL coach’)
    - With individual or with family/friends
    - Presence, deep listening, trusting rel’ship
    - Asking powerful questions
    - Decision-making based on what matters
    - Client accesses his/her own wisdom & values
    - Whole-person approach
    - Building on strengths & resilience & priorities
    - Readiness & confidence
    - Plan with specific steps

- **Self care for nurses, health care teams**
  - Compassion fatigue -- cultivating compassion
Self development

- **Reflections: Journaling**
  - What is the thread that guides me in decision-making?
  - Where can I advocate for more compassionate & wise end of life care?”
  - My own Advance Directives…and beyond
  - My own Conversations – next steps

- **Practices:**
  - Cultivating compassion
  - Mindfulness & awareness
  - Being present w/ others
  - Sitting with ‘what is’: not-knowing & impermanence
Compassion: Frank Ostaseski

“The word “compassion” means literally to “suffer with others.” It’s the little word “with” in the middle which is so important, because it implies a certain kind of intimacy, a willingness to “be with.”

This doesn’t mean that we have to get lost in the suffering of others. We have to be able to build an empathetic bridge from our own experience to theirs.

So if we never turn toward our own suffering -- and healthcare workers are generally encouraged not to — we are increasingly unable to make that bridge.“

*Cultivating Presence*, 2011, Focus online newsletter, Norris Cotton Cancer Center
Presence...and Listening

“I don’t think we can underestimate the healing power of human presence. When we are compassionately present, we create with the patient deep and abiding trust in the process of dying.”

• “We listen with our minds, with our hearts, and with our bodies...we must use integrated listening.”

_Cultivating Presence, 2011, Focus online newsletter, Norris Cotton Cancer Center_
In contrast...

“I'm not afraid of death, I just don't want to be there when it happens.”

(Woody Allen)
When we stay present and engaged with very ill and dying people, we create a relationship of authenticity and connection that deepens the possibilities for healing in any practice setting.
Skills of Presence & Mindfulness

- To be present is to **BE** in the present
- Being with Suffering – equanimity
  - Going **towards** rather than away from suffering
- Mindfulness -- ‘paying attention on purpose’ to body, mind, spirit, environment
  - Helpful to re-calibrate thoughts & feelings

- **Awareness practice**
  Cultivating compassion & presence
  - Breathing & Loving-kindness practice

- Good resource: *Being with Dying*, 2007, Rushton, Roshi, Dossey
Living fully – Dying well

- At the core: **Healing** and **Wellbeing**

- Being **present** with what is
  - Mindfulness & awareness practices

- Living and dying with **intention**
  - Taking responsibility
  - Making conscious choices – practicing the pause between thought & action
Living Fully, Dying Well

- Practicing **loving-kindness** with self and others
- Expressing **gratitude** for the gifts around you
- Living and dying based on what **matters**
  - Values, priorities, life story
Full Disclosure Statement

“As living human beings, the most rewarding purpose of our lives is to awaken to our deepest reality, to unfold our most powerful energies of love and compassion. The study of and preparation for death may be the greatest opportunity towards learning to live a fuller life.”

(Robert Thurman)
9 Contemplations of Atisha

- Death is inevitable
- Our life span is decreasing continuously
- Death will come, whether or not we are prepared for it
- Human life expectancy is uncertain
- There are many causes of death.
- The human body is fragile and vulnerable
- At the time of death, our material resources are not of use to us
- Our loved ones cannot keep us from death.
- Our own body cannot help us at the time of our teach.

https://www.upaya.org/dox/Contemplations.pdf
<table>
<thead>
<tr>
<th>Articles</th>
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<tr>
<td><strong>Living Every Minute</strong>, by Stu Farber, <em>Journal of Pain &amp; Symptom Management</em></td>
<td><a href="http://api.ning.com/files/0fdnarFzkJ7LjnK9CSUCPi8oFw0mwY7WWWZyTp-mBl050QKla64uPItXZ4lb6aR90TPLUe4SYCVYryzsXPlvV2Zzrrl4Z7vIq/Farber.LivingEveryMinute.JPSM.2015proof.pdf">http://api.ning.com/files/0fdnarFzkJ7LjnK9CSUCPi8oFw0mwY7WWWZyTp-mBl050QKla64uPItXZ4lb6aR90TPLUe4SYCVYryzsXPlvV2Zzrrl4Z7vIq/Farber.LivingEveryMinute.JPSM.2015proof.pdf</a> (Palliative care physician writes about his experience at end of life, weaving in poetry)</td>
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<td><strong>The Trip Treatment: Research into psychedelics, shut down for decades, is now yielding exciting results</strong>, by Michael Pollan</td>
<td><a href="http://www.newyorker.com/magazine/2015/02/09/trip-treatment">http://www.newyorker.com/magazine/2015/02/09/trip-treatment</a> (Severe death anxiety)</td>
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Resources

Documentaries

Audio/CDs
- **Graceful Passages: A companion for living and dying**, by Gary Malkin & Michael Stillwater
- (Inspiring words from spiritual/end of life leaders about dying and transitions, along with lovely music) [http://innerharmony.com/show_product.php?pid=1007](http://innerharmony.com/show_product.php?pid=1007)

Websites
- **Compassion & Choices** – *Good to Go toolkit* [https://www.compassionandchoices.org/userfiles/G2G2015.pdf](https://www.compassionandchoices.org/userfiles/G2G2015.pdf)
- **The Order of the Good Death** – Website of funeral industry professionals, academics & artists who want to revolutionize how we talk about death [http://www.orderofthegooddeath.com/members/your-mortician](http://www.orderofthegooddeath.com/members/your-mortician)