



*Guide to dying*

*As Woody Allen said, "I'm not afraid to die, I just don't want to be there when it happens." In case you can't avoid the inevitable, here are a few things to consider: paying for a funeral, choosing cremation, getting the proper documents and more.*

**O**n average, about 29 people died each day in Franklin County in 2005—10,690 for the year. Only a handful made the *Dispatch* or TV news—those gunned down in some drug-related shooting or killed in a dramatic car crash, for instance. The rest may be noted in a paid obituary, or not mentioned at all.

No matter the circumstances, dying isn't the sort of topic that comes up often during conversations at dinner parties or the water cooler. You don't exactly win popularity points for being the first one to discuss Ohio's new do-not-resuscitate form. And when folks actually talk about the inevitable, it's usually over such emotionally charged events as, say, the Terri Schiavo case in Florida last year and,

BY DAVE GHOSE AND ALICE HOHL

to a lesser degree, the U.S. Supreme Court's recent ruling on Oregon's assisted suicide law.

Silence, though, has consequences. Lawyer Alan Acker says he has seen the tragic impact of family members not discussing funeral arrangements or living wills until it's too late. "The hard part is when I meet with people and these questions are coming to the fore because you're watching your mother or your father in the hospital, in hospice, in the nursing home, and you wonder, 'What exactly does my parent feel?' because they can no longer tell me. How do I know removing the feeding tube is the right thing to do?"

Also, some folks say that as a culture, we have distanced ourselves from death—made it more mysterious than it should be. "Death is not thought of as a social, spiritual, family, emotional event anymore, it's just medical. And more and more people are in their mid 20s and haven't been to a funeral or calling hours," says Doug Cluxton of the Ohio Hospice & Palliative Care Organization. "There's much to be served by making it more of the fabric of our lives."

So we're willing to risk our popularity by starting a conversation here about the topic that's as certain as the lack of sunshine during a Columbus winter. We have looked at funeral costs and the ways we die in Franklin County; we've talked to people who deal with death daily—a hospice worker and a county coroner—and explored recent trends, including funerals with a more personal touch.

## PERSONALIZED FUNERALS

Randy Schoedinger of Schoedinger Funeral and Cremation Service knows death. His family has been in the same business for more than a century. So he's aware of the changes in funeral arrangements through the years. And today the big thing is creativity, with families incorporating photos, paintings, awards, hobbies, storytelling, and music and video tributes into services. "Those are the more typical ways that people personalize," Schoedinger says. "Some of the unique ways are bringing in a person's motorcycle in the funeral home for visitation and having the deceased's favorite pickup take the casket to the cemetery."

Schoedinger also recalls a former Wendy's employee whose relatives displayed fast-food containers during his visiting hours. And lots of families whose deceased loved ones were, say, big football fans chose to decorate the funeral parlors



Northwest Chapel in Upper Arlington has the largest showroom (top) of any of Schoedinger Funeral and Cremation Service's 11 Central Ohio locations. The mahogany casket with a velvet interior (middle) costs \$9,900, while the U.S. Air Force casket (directly above) goes for \$3,575.

# Life as a hospice worker

Death doesn't bother Jennifer Warner. "I see death as a very natural part of the life cycle," she says. "We're born. We die. We all know it's going to happen. How it's going to happen is really the question."

The nurse with OhioHealth's HomeReach Hospice program at Riverside Methodist Hospital learned that lesson early in life. As a teenager, she saw relatives die in unpleasant institutional settings—hooked to tubes, getting stuck with needles.

Then her family committed to having her grandmother die in their home. They received no help from a hospice—there was none in her hometown of Galion—but they created a comfortable and caring hospicelike setting. "That made a huge impact on me. And that was what made me decide that everybody deserves to die this way, to die the hospice way."

Born in England in the late '60s, the hospice movement aims to give the terminally ill a better way to die, focusing on pain relief and emotional and spiritual needs. The first hospice, St. Christopher's near London, was institutional, but most now are home-based. Last year, hospices served 45,000 people in Ohio, 40 percent of the deaths that occurred.

Each hospice worker is part of a team, which typically includes nurses, doctors, social workers, clergy and volunteers. At HomeReach (one of six hospices in Central Ohio), teams also include massage and art therapists and a golden retriever mix named Bear. "It's really the team approach that makes the difference, and that is unique to hospices," Warner says.

Warner spends most of her time making home visits. Her main responsibility is treating symptoms, such as pain and nausea, but she often crosses over into other roles. "We give patients the opportunity to tell their stories. That's one of the reasons we're there."

Sometimes, the stories can be uplifting. Faced with death, people often want to reflect, teach and share some of the amazing things they've



Hospice nurse Jennifer Warner, in the common room at HomeReach Hospice's Kobacker House, is part of a team that includes doctors, social workers, volunteers and a golden retriever mix named Bear.

accomplished. Other times, though, the stories can be painful. "There are people who have had hard, hard lives," Warner says.

The tales of woe, however, don't bother Warner, who's been a hospice nurse for more than 15 years. She started working in hospice care not long after graduating from Bowling Green State University and can't see herself doing any other job.

She knows she's giving patients a

chance to die with dignity and an opportunity for their loved ones to come together. At first, many families believe they can't cope with death. But over time, as Warner and her colleagues hold their hands, they find strength and meaning. "They really come full circle, from 'I can't possibly do this' to sending us a note later 'In a million years, I would never know what a gratifying experience this could be.'"



About 100 people have been memorialized at Whispering Waters—a cremation garden at Delaware County's Kingwood Memorial Park—since it opened two years ago.

with memorabilia about the Ohio State Buckeyes, Cincinnati Bengals or Cleveland Browns to create a celebratory mood. "The idea is you are focusing on what is important to the deceased, and you are telling good stories," Schoedinger says.

You also can individualize caskets. Schoedinger's Northwest Chapel in Upper Arlington sells caskets that can be decorated with military scenes and even Leonardo da Vinci's "The Last Supper."

And some people have chosen decidedly even more offbeat caskets, such as ones that display FedEx logos and the phrases "Express delivery" or "Return to sender."

## CREMATION

In four years, experts predict, nearly a third of all Ohio funeral customers will choose cremation, a 50 percent increase from 1999. Cremation owes its growing

popularity to a number of factors: It costs less than a typical funeral, fits today's mobile society (an urn is portable, a burial plot is not) and offers numerous exotic possibilities.

As for the latter, Maryellen O'Shaughnessy of O'Shaughnessy Funeral Home mentions a glass artist who requested an uncommon final arrangement. "Her cremated remains were blown into an artwork," says O'Shaughnessy, who also is a Columbus City Council member.

In Franklin County, there are eight crematories, most of which are connected to funeral homes. Ohio allows the public to deal directly with crematories, but it might be better to work with a funeral director, who knows all the paperwork requirements and can better handle the unpleasant matter of transporting the corpse. (Most crematories require you to go through a funeral home anyway.)

Cremation's popularity is forcing cemeteries to adapt. Two years ago, Kingwood Memorial Park in Delaware County opened Whispering Waters, a two-acre "cremation garden" with two ponds, a stream and a waterfall. "What the cremation families were finding out is that the traditional cemeteries weren't that attractive to them," says Randy Schoedinger. (Schoedinger Funeral and Cremation Service manages Kingwood).

So far, about 100 people have been memorialized at Whispering Waters.

## A FEW MYTHS

Those who know say that misconceptions about end-of-life matters can lead to everything from overspending to unfortunate medical decisions. Patients and consumers may not control when they die, but they often have more choices than they realize. Here are a few common myths:

### Your doctor will take the initiative to recommend hospice care

"The patient will wait for the doctor to bring it up, and the doctor is waiting for the patient to bring it up," says Doug Cluxton of the Ohio Hospice & Palliative Care Organization. Often doctors are supportive of a patient's decision to end aggressive treatment, but don't want to seem as if they are giving up on treatment. A patient can begin hospice care if their doctor certifies that their life expectancy is less than six months.

### Patients must accept medical treatment if they don't qualify for hospice

In a case of a man with advanced dementia, doctors may want to insert a feeding tube when he can't swallow anymore. The doctor may say his condition isn't fatal as long as he is receiving nutrition—therefore he would not be a candidate for hospice care. "But the family can say, 'We deem our dad's condition terminal now,'" and refuse the feeding tube, Cluxton says. At that point he could be accepted into hospice.

### Having a do-not-resuscitate order means you won't receive aggressive care

The new Ohio DNR form has two categories: one called simply "DNR" requests a patient receive all possible care, including aggressive measures, until they are clinically dead, after which they should not be revived. The other category, "DNR-CC" (Do Not Resuscitate—

Comfort Care only), means doctors would provide only medical care that treats a patient's pain or shortness of breath, excluding any care that would prolong life. Amy Mestemaker, interim medical director of HomeReach Hospice, encourages patients to have their doctor write specific instructions on the DNR form stating which medical interventions are acceptable to them and then to carry a copy with them.

### You must embalm a body

Ohio law doesn't require embalming, the treating of a corpse to protect against decay, before a funeral. Though funeral directors may disagree, Joshua Slocum of the Funeral Consumers Alliance says embalming doesn't serve any public health purpose. But unless it's a service only for the immediate family, most funeral homes won't do a public viewing without embalming, he says.

