



BY Pallium Canada

**Grief & Bereavement Literacy Series**  
**Session 14: “Bereavement in the Context of Homelessness”**  
**Presenters: Emily Bootle, Founder of DeathCare BC**

**Oct 24, 2024: 12pm-1pm**

AGENDA ITEM	DISCUSSION
<b>Objectives, Overview and Session Materials</b>	<p>Presenter: <b>Emily Bootle</b></p> <p><u>Learning Objectives</u> By the end of the session participants will be able to:</p> <ul style="list-style-type: none"> <li>• Understand what the first steps are after a death has happened.</li> <li>• Help start deathcare conversations with family early in diagnosis or treatment.</li> <li>• Know what questions to ask when advising someone after a death.</li> </ul>
<b>Presentation Key Points</b>	<ul style="list-style-type: none"> <li>• The presenter is a licensed funeral director and embalmer who founded DeathCare BC helping in provide knowledge on death care. Before becoming a funeral director, Emily volunteered with victim services at the RCMP, where she noticed a gap between public and private death care systems.</li> <li>• In her role with victim services, she supported families in situations of unexpected death, helping them navigate the immediate aftermath where she observed that after death, public health systems shift responsibility to the private sector, providing families with only a list of local funeral homes and price ranges.</li> <li>• From her experience since 2016, Emily often receives calls from families unfamiliar with the death care process, who may have experienced long-term illness or assisted dying without a plan for after-death care. She believes that even when death is expected, families are often left unprepared leading to rushed costly decisions.</li> <li>• Through Death Care BC, Emily aims to encourage care providers to better equip themselves and guide families early on, supporting more thoughtful and informed end of life planning.</li> <li>• The presenter further went on to discuss what happens when someone dies and the key stages: first two hours, two days, and two weeks where rapid decisions and information gathering are crucial.</li> <li>• The “first call” to a funeral home involves multiple inquiries, as families often lack preparation leading to stress in decision-making.</li> <li>• Final decisions during arrangement meetings can be emotionally taxing for families who are often unprepared for detailed choices.</li> <li>• In BC, only burial and flame cremation are available for body disposition while in six other provinces, water cremation (alkaline hydrolysis) is allowed which is not yet available in BC. Alkaline hydrolysis is a more energy-efficient option using 90% less energy and reducing emissions compared to flame cremation.</li> <li>• Natural organic reduction (human composting) is permitted in Washington state; BC residents can transport bodies to the US for this service and have the resulting soil returned. Also, some Vancouver funeral homes offer transport services for composting in the US.</li> <li>• Green burial involves direct burial in the earth with eco-friendly materials, although availability varies by region.</li> <li>• Pre-planning for death can alleviate pressure, reduce potential regrets, and prevent added stress during bereavement.</li> <li>• Unanticipated situations such as sudden deaths due to drug toxicity or perinatal loss, can be better managed when conversations are had earlier.</li> </ul>

	<ul style="list-style-type: none"> <li>The presenter shared a decision tree or “choose-your-own-adventure” web to guide families through burial and cremation options and decisions, highlighting the complexity and emotional challenge involved.</li> </ul>
<p><b>Discussion Key Points</b></p>	<p>Q: For clients nearing death who lack family and wish to avoid funeral home discussions, can a friend or a clinician with a client provide consent?</p> <p>A: A friend or clinician can't obviously make arrangements unless they are in the will. Being estranged doesn't equate to a lack of family as distant relatives may still hold legal authority. Clinicians can carefully clarify “no family” and assist in reaching out to a funeral home but cannot make formal arrangements without legal authority.</p> <ul style="list-style-type: none"> <li>Society often avoids end of life planning even in foreseeable situations. Initiating these conversations in healthcare can reduce future decision-making burdens for families.</li> <li>Intergenerational experiences of death and dying: Involving younger generations in natural death experiences like a grandparent's passing, offers valuable lessons in grief, preparing them for future, unexpected losses.</li> <li>Early open conversations about preferences for death arrangements (e.g., cremation) can guide families during tragic losses, helping them manage grief.</li> <li>Transitioning from patient-centered to family-centered care at death helps bereaved family members heal with funeral directors focusing on supporting families' grief processes. Some suggested healthcare facilities could improve support for bereaved families through more structured procedures.</li> <li>The presenter advocated for proactive arrangements, connecting families with funeral homes in advance. Expressed urgency due to anticipated demand for end-of-life services from aging populations. Noted reliance on private businesses for funeral services creating potential bottlenecks in times of high demand.</li> <li>Described the relief that specific tailored care can provide, using a pacemaker removal example to illustrate.</li> <li>Encouraged family involvement in post-mortem care, emphasizing the healing benefits of spending final moments privately.</li> <li>Having tangible tasks around the death process can provide a coping mechanism for families amidst grief.</li> <li>Underlined the importance of understanding patient wishes to avoid unwanted post-death arrangements. She emphasizes the importance of upfront discussions about post-mortem preferences to avoid assumptions, sharing an example where a family was unaware of a loved one's wish to avoid a public viewing.</li> <li>Reinforced the value of consent in end-of-life decisions ideally guided by well-informed representatives.</li> <li>She highlights that respecting the deceased's consent and ensuring designated representatives are informed of their wishes are crucial, similar to advance care planning.</li> <li>Emily's work also includes supporting families in perinatal and infant loss, encouraging family involvement in final acts of care, such as bathing and transporting the body.</li> <li>Emily stresses that there is often no rush in decision-making and taking time to process and gather information can be beneficial during the grieving process.</li> <li>Emphasized that grieving families can and should take time to make thoughtful decisions without pressure.</li> </ul>
	<p><b>Upcoming Session:</b></p> <p><i><b>The Playful Art of Supporting Children with Grief: Using Play Therapy as a Way to Communicate</b></i> – Thurs Nov 7<sup>th</sup> 12pm-1pm PDT. Presenter: <b>Dallas Shirley</b>. <a href="#">More information and to REGISTER</a>.</p>
<p><b>Resources</b></p>	<ul style="list-style-type: none"> <li>Recording <a href="#">link</a></li> <li><b>Web tree can be found in the presentation slides.</b></li> <li><a href="#">DEATCH CARD DECISIONS GAME</a></li> <li><b>Presenter – Emily Bootle's Ask Me Anything call option for an accessible rate of \$50, <a href="#">this is the link to book.</a></b></li> </ul> <p><b>The action plan report link:</b> <a href="https://www.bc-cpc.ca/about-us/activities/new-projects/bereavement-study/grief-and-bereavement-support-in-bc-a-collaborative-improvement-action-plan/">https://www.bc-cpc.ca/about-us/activities/new-projects/bereavement-study/grief-and-bereavement-support-in-bc-a-collaborative-improvement-action-plan/</a></p>

***Other Links:***

**Joshua's podcast link:** <https://www.griefdreams.ca/>

Our [ECHO program webpage](#) lists all current sessions open for registration.