

Death Is A “Many Splendored Thing”

By Mitsuo Aoki, Retired Professor/Minister • UH Department of Religion

I am a retired professor/minister, having taught at the University of Hawaii, Department of Religion for some 44 years. Amazingly enough, one of my more “popular” courses was on death and dying.



to be. It is not merely something that we submit to, not something that “happens” to us. Rather, it is one of the things that human beings can do. When death occurs, it can be something we actually perform.

It is true that in death, all things that make up man’s roles dissolve and fade away. But this process itself reveals death as a key to self-understanding. It is an intellectual and moral revolution that helps us define human nature:

- by affirming death, we are on the way to becoming decisive
- by remembering death, we concentrate on essentials
- through awareness of death, we achieve integrity
- we who know we will die find meaning in life
- death puts us in touch with our deepest feelings, anxiety and hope

Janice, a mother of two children, wrote in her journal, “Death has transformed my experience of time. What is important is not the past nor the future. But the NOW. I am dying now. When I live in the moment, something remarkable happens to me. Suddenly I realize that there’s nothing to be, nothing to do, nothing to have. And having nothing, I can be anything. I can forgive easier. I can be honest with others, compassionate and caring.”

After working with more than 650 dying persons over the past 40

years, I have gained some understanding of the dying process and dying persons. Among my observations:

- most dying persons know that they are dying long before the doctors tell them. It is impossible to pretend in the presence of treatments that fail, gloomy expressions, and gathering symptoms of decline.
- a dying person needs to talk. What is it like to die, what is expected, what has been left undone. Many patients say what a relief it is to talk about their dying openly. Since this is so, it is rather unkind not to let them talk. Yet many doctors are reluctant to speak to patients about death. The common medical attitude is that most patients only want reassurance and do not want to raise the question of death; or that to force a discussion or insist on providing unwelcome information is risky; or that the truth is likely to be hurtful; or that the patient might lose all hope and commit suicide, become very depressed, or even die more quickly. I believe this attitude on the part of physicians is a combination of evasion and pretense, and that relying on these fallacies may lead to inconsistencies and to judgements that confuse the clinical with the moralistic.

Death is a “many-splendored thing.” It means different things to different people in different situations. The term is used literally and metaphorically; it is understood in an absolute sense and a relative sense. The more we probe into the meanings of death, the more complex those meanings become.

For many people, when they hear the word “death”, they experience “a chill and a shudder” and turn away. Others speak of fear, denial, a “hostile force.” For them, the fact of death reveals a deep negativity in man’s existence. Nothing else reminds people so strongly of their limitations, weaknesses and failures as death does. It represents the failure and utter futility of human’s attempts to hold things together by their own power.

Death has another dimension. It offers us a “way to be.” It is a power to be, not just the power to cease



- dying persons resent being shut off from the daily flow of life. Friends and family members who feel guilty about being well, taking vacations, and so on are doing patients a disservice when they pretend that they, too, have ceased living (like the patient). Too often we forget that the dying patient is a living person. He has both a past and a present history and his own unique interests and viewpoints.

To reiterate a point I made earlier, death is one of the things a person can do. He can choose to die. In my work with dying persons, I help them take their last experience of life and make of it a great achievement. I know that dying persons can achieve what one of the most thoughtful writers in the field of thanatology today, Dr. Avery Weisman, calls "the appropriate death," one with a greater sense of completeness, accomplishment, and peace; with a resolved relationship with loved ones; with more inner tranquility; less turmoil and agitation, and fewer loose ends.

There are many things I share with the dying to enable them to experience an appropriate death. I can only mention one: on experiencing the last moment of death. It is a mystery, yet we know that something happens. An awesome change takes place, a "knowing" . . . in which a person not only goes beyond him/herself, but becomes him/herself. A person gives up what is not theirs to keep. ☒

End of Life – A Time Of Reflection

By Barbara Shirland, RN, Director of Clinical Operations, Hospice Hawaii

Many families are surprised to find that the time they spend caring for a loved one can be a very rewarding, though painful, time. With guidance from a good hospice team, this difficult time can be a time of growth for all.

Studies have shown that most people do not want useless curative therapies as their time grows close. They want to be allowed to go naturally and with dignity. However, they tend not to communicate this to family members or to their physician. Consequently, the last months of life can be spent in the discomfort and struggle to cure an incurable disease. These final times are more fruitfully spent making peace with one's family and peace with one's self. If attempts at cure go beyond what is likely to be effective, the time is spent in crisis, and peace is difficult to achieve.

High quality end of life care first focuses on pain management and symptom control. Pain can generally be managed and symptoms can be controlled. Physical suffering is needless, most of the time. A good hospice team first controls discomfort, then quickly moves on towards helping to make the closing of a life a meaningful time for the patient and family.

"Finishing unfinished business" is next. This may involve being sure property is passed on to heirs in an efficient way, putting legal and insurance affairs in order, or making funeral plans. The patient needs to say goodbye to casual acquaintances, former co-workers

or club members. They may also be concerned about what will happen to a loved orchid garden, a car they had lovingly restored or beloved pet. The hospice team will help resolve all of these problems directly or through referrals.

Most people spend much time reviewing their lives in their minds as their time draws near. The hospice team will listen as the patient tells stories of their past and will help them to reframe their painful memories in a more meaningful and beneficial way. If forgiveness is needed, the team will help to facilitate the process. Even if other family members do not want to make amends, the hospice team will support the patient in achieving resolutions in all their relationships. Dr. Ira Byock, a nationally recognized expert in the end of life care, encourages patients to say these five things to loved ones:

- "Please forgive me."
- "I forgive you."
- "I love you."
- "Thank you."
- "Goodbye."



When important relationships are resolved, the patient moves gradually more and more inward and into their spiritual self. Even if a person has not been at all religious, whatever gave their life inner meaning becomes more important to them. They begin to see themselves as part of a greater whole.

Naturally, resolving a life takes time. Focusing on all of the issues discussed above cannot be done in a few days. Thus, it becomes very important for each person to decide now, while they are well, how they want to spend their final months. Do they want to pursue useless and often uncomfortable curative therapies or do they want to spend the time surrounded by loved ones and bringing a sense of closure and meaning to their lives? ☒

Last Rites/Last Rights

By John E. White, Former
Executive Director,
Memorial Society of Hawaii



"Mary died, you know. She left her fine china to her daughter and her antique silver service to her son. She also left her kids with a \$15,000 funeral bill!" Unfortunately, Mary's story is all too typical and problems could have been prevented by pre-planning. If plans are not made, someone will have to make them—usually a surviving family member. It is considerate to make funeral plans. Your survivors will be thankful at this expression of concern for their feelings.

There are options and alternatives available that are not that well known:

- Donate your body to the UH Department of Anatomy for medical research, education and training. Upon death, they will take over and assume all expenses. Upon request, the cremated remains are returned to the family.
- Cremate and scatter ashes with no viewing, services or casket is next in simplicity. Some crematoria require an "alternative container," usually a cardboard box. Ashes are returned to survivors in a plastic container. No expensive "temporary" urn is required.
- Some choose immediate burial. Viewing and services will cost extra. Consider renting a casket if viewing is desired.
- Want a memorial service? Hold a memorial service at your church, home, on the beach, or in a park. Using the mortuary chapel will be an added cost.
- Guest book can be purchased at Long's or Liberty House where it should cost less.
- The Retail Casket Store on Nimitz Hwy. near the New Eagle Café carries affordable caskets.

It is possible to purchase plans for constructing a plain pine box or to purchase a casket over the web. The manufacturer promises delivery within 24 hours.

- Any adult citizen can perform the duties of a funeral director. Deal directly with the crematorium and cemetery. A *Permit to Transport a Body* is required.
- Pre-planning forms are available at churches as well as The Memorial Society of Hawaii.
- Check with the Veterans' Administration for survivor benefits. (See VA article in this issue).
- If you have arranged to pre-pay final expenses, there must be a receipt and other records. What about pre-pay plans and Final Expense Insurance? The 35 million member AARP recommends you take out a *Pay-On-Death (POD)* account with your bank, savings and loan or credit union. AARP literature cites many advantages of a POD over other pre-pay plans.
- Donate your organs. There are over 60 thousand people waiting for organs and hundreds die each year when donated organs are not forthcoming. (See organ donation article in this issue).
- Discuss your plans and wishes with family members. Don't file plans in a safety deposit box or record them in your Last Will and Testament. In a recent *Dear Abby* article, it was recommended that such documents be stored in a plastic pouch in the refrigerator. As a result of the article, over 50,000 special pouches and planning forms have been sold.
- Must I have a typical American funeral? Not at all. People write

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Give A Gift To Your Loved Ones:

Start A Caring Conversation

By Dr. R. Gregory LaGoy, Executive Director,
Hospice Maui and Secretary of the Hawaiian
Islands Hospice Organization (HIHO)

There is a journey, however short or long, at the end our lives; an inevitable journey that will powerfully affect us and those close to us. During that journey, I am urging that we have special conversations. They need not be spoken. They could be letters, audiotapes or videotapes going back and forth. It is the content and intention of these caring conversations that set them apart.

These conversations are difficult. They are not made easier by how sensible, responsible or necessary having them may be. Nor are they made easier by the fact that good planning makes for a better journey.

I recently saw a situation where a caring conversation came too late. A 37 year-old man had come to accept the likelihood that his illness would end his life in a few weeks. Though he sensed his wife, parents and two brothers would be very resistant to these conversations, he felt a need to initiate them anyway. He wanted to give them time to adjust to the inevitable. But they were not emotionally able to consider the possibility that he would not recover and they refused to hear what he had to say. For whatever reasons, bitter resentment ensued and everyone in the family became very distressed.

When his terminal condition could no longer be denied and hospice was called in to help, he only had a few days left and relationships were strained to near breaking. The emotional assistance that hospice offered was a band-aid to a trauma that might have been averted had these

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discussions been initiated earlier. Sadly, this kind of story is not an uncommon one.

There are two different circumstances for caring conversations. The less difficult one occurs between healthy people who begin talking about and planning for a time in their lives which is not yet a reality for them. This approach allows more time to consider difficult issues. Given more time, differences of opinion are more likely to be resolved or accepted. Changes in how we see the world that can come from steeping ourselves in this difficult topic may take place more harmoniously. The richness in life that can come from considering end-of-life issues has time to develop.

The more difficult caring conversations happen when people are no longer merely thinking about the end-of-life, but are staring it in the face. It is then that they may be forced into irreversible decisions which can cause conflicts that do not have the time to be resolved.

A way to start caring conversations might be to ask family members to recall the final illness of someone you all knew. Ask what they thought about the care that person received. Then ask how this compares to the care they would want to receive for themselves.

Before beginning a Caring Conversation on end-of-life issues, it's good to have a few things in place:

- Can I talk with you about what I want for myself if I am no longer able to make my wishes known, such as after a major stroke or accident?
- What do you want me to do if you are no longer able to make your wishes known?
- If I have a life threatening illness, such as cancer, and the treatments are only making me sicker and aren't

helping any more, but I know that they give you hope, then how can I show you that stopping treatment is not the same as just giving up?

- Discussing end-of-life decisions when we are at that point will probably be very sad. How do you think we can give each other the courage to have those talks and not feel that we are giving up all hope?
- Considering that good medical care and hospice care can now allow people to spend the last weeks of their lives pain free and in comfort in the setting of their choice, how do you (how do I) want to spend the last months, weeks and days of our lives? Where? Doing what?

These questions are made more difficult when family member's opinions differ. So, by discussing these topics in advance, there can be understanding, accommodation and growth for all involved.

As the director of a hospice program

for over 10 years, I have seen the values of caring conversations. I have also seen many pains and difficulties arise in their absence. My experience has led me to an observation which I hope you take to heart: **While it can never be too soon to initiate caring conversations, sometimes it can be too late.**

For more help on how to plan for healthcare at the end-of-life and how to start talking about it with your family or loved ones, workshops and small group consultations will be available at the **Hawaii State Seniors' Fair, September 22 - 24, 2000** at the Blaisdell Exhibition Hall. Look for the *Executive Office on Aging and Kokua Mau Project* signs. For more information, to request a speaker for your group or to receive brochures, call the Kokua Mau office from anywhere in the state at **1-800-474-2113**. You can also visit our web site at www.kokua-mau.org 

How Can A Veteran Prepare Before Death

By VA Public Affairs Office Staff

First and foremost, a veteran needs to choose someone to handle the burial and funeral arrangements, and communicate to that person his or her wishes, preferably in writing. Make sure that person has a copy of the *discharge certificate (WD AGO Form 53-55 or in recent years DD Form 214)*, along with any other important documents such as a will, birth certificate, insurance papers, etc.

Burial and death benefits are available to eligible veterans. An eligible veteran must have been discharged or separated from active duty under conditions other than dishonorable and have completed the required

period of service. Spouses and minor children of eligible veterans may also be entitled to burial and death benefits.

Burial and death benefits may consist of a grave site or columbarium space at any open Veterans Affairs (VA) national cemeteries and state veterans' cemeteries. Arlington National Cemetery has a separate criteria, i.e. retired military, active duty, or veteran with certain awards. For more information on **Arlington National Cemetery**, access their web page at www.arlingtoncemetery.org. Other benefits include head

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Bits & Pieces

By
Tony
Baccay

Elderly Day Care Services Opens Facility in Central Oahu

The ORI-Anuenue Hale, Inc. has opened an Elderly Day Care Services Program in Wahiawa. Anuenue Hale is a non-profit provider with activities including therapeutic recreation, interactive health and wellness programs; basic personal care assistance and bathing services; community resources awareness, outreach and education; self-enrichment classes (i.e. computer, social dancing) and special events of interest to seniors age 55 and older. Services are focused on helping seniors with potentially limiting conditions make the most of their lives – physically, mentally and socially. For more information, contact Yvonne de Luna, coordinator, at 622-3929.

Chapel Day Care Center Opens in Kailua

The Chapel Day Care Center is a program that provides a variety of services for elderly adults with special needs, especially those at risk of being placed in a nursing home. Although the Center is new in the field of day care, the staff has over 50 years of experience between them. The Center is open from 6:30 a.m. to 5 p.m., Monday to Friday, to accommodate the commuting caregivers' need. The Center offers catered hot lunches, excursions each month and activities which can include gardening, a personal trainer for exercising and animal petting for stress relief. For more information, please call 261-2513.

Kupuna Connection

In an effort to address the rapidly growing senior population and

their need for accurate and sound information and advice, *Maluhia Long-term Care Health Center* and the *Hawaii Pacific Gerontological Society* are sponsoring a senior radio show. The Hawaii Community Foundation's grant for this program emphasizes increased community participation and a commitment to a broad definition of health. Information on services such as physical and medical fitness; nutritional fitness; financial fitness; social fitness; long term care services planning and other relevant issues in seniors' lives are planned for presentation. The senior radio show will also publicly recognize and honor one senior each week. The show will begin airing its Sunday slot on August 13, 2000 from 3:30 p.m. to 4 p.m. on KHVH radio 830 on the AM dial. For more information, please call Leena Dwiggin at 942-2138 (voice mail box number 3).

Advance Directive

Starting January 1, 2001, Hawaii residents getting new or renewed driver's license and State Civil Identification cards will be able to designate the words "Adv Health-Care Directive" on their cards. If you are in a condition where you cannot speak for yourself, the cards will help admitting staff at hospitals and other facilities know that you have executed the document. They will be able to ask family members accompanying you for its guidance or call your home to locate it. **NOTE:** If you would like to accomplish an Advance Health-Care Directive, a form has been provided in this issue as an insert for your convenience along with a checklist on how to start and what to do. For more information, please call the University of Hawaii Elder Law Program at 956-6544.

New Driver's License

Beginning January 1, 2001, computer-generated ID numbers are mandated to replace Social Security numbers on new/renewed

driver's licenses issued. Those currently having driver's licenses with Social Security numbers and who want to convert to the new system may request a duplicate license after January 1, 2001. However, they must pay the appropriate fee for a duplicate driver's license. If they wait until their license expires, there are no additional fees. The State ID Card system has been using this system but they allow the option of a computer-generated ID number or Social Security Number.

Television Series

Sept. 10-13, 2000

On Our Own Terms: Moyers on Dying

KHET TV, 9 p.m. - 10:30 p.m.

A television series about our care when we near the end of life

Followed by:

Caring Conversations

KHET TV, 9 p.m. - 10 p.m.

Sept. 14, 2000

How we in Hawaii care for our loved ones nearing the end of life

Program I: Living with Dying

Focuses on people – patients and their caregivers.

Program II: A Different Kind of Care

Examines "palliative care" – a kind of care that focuses on relief from pain and other symptoms and provides support for physical, psychological and spiritual needs.

Program III: A Death of One's Own

Looks at what people do to die well. For many this means controlling pain and making sure that they are surrounded by family members or loved ones.

Program IV: A Time to Change

Follows some very special people who are working to improve care of the dying.

Providers Receive Block Grants

Congratulations to Kokua Kalihi Valley (KKV), Lanakila Rehabilitation Center (LRC) and Project DANA for recently receiving notification of Community Development Block Grant awards to assist their

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programs for FY2001. KKV will receive \$153,000 to renovate their facilities for use as a senior services center; LRC will receive \$49,005 to purchase a freezer for their Meals on Wheels program; and PD will receive \$25,000 to assist them in coordination of volunteers for services to the elderly.

Fund Raiser for Lanakila Meals on Wheels

The Lanakila Rehabilitation Center, Inc. has a flurry of activities coming up. The Center will hold a Food Service fundraiser September 18 through October 28, 2000. Tasty offerings include oven-roasted whole chicken (\$7.50), chicken/pork lau lau (\$6.00), kalua pig (\$5.50), Archie's famous apple pie (\$5.50), cheesecake (\$5.50), and hot or mild Portuguese sausage (\$5.00).

Need to do early Christmas shopping? Lanakila will host its annual **Gift Fair** fund-raiser on Friday, November 10 (10 a.m. - 9 p.m.), Saturday, November 11 (10 a.m. - 4 p.m.), and Sunday, November 12 (10 a.m. - 3 p.m.). This is a great opportunity to scoop up some fabulous deals at this once-a-year blockbuster sale. For more information, contact Nettie Stillwell at 531-0555.

Current Events

The Elderly Affairs Division has two new features on their www.elderlyaffairs.com website. *Current Events* has a listing of events that may be of interest to seniors: driving courses, education to help caregivers, recreational events, programs to maintain fitness, etc. Another new feature is clicking to the "Comments" file which allows visitors to evaluate the website. **Check it out!**



Organ, Tissue And Eye Donation: Share Your Life, Share Your Decision

(Reprinted with permission by the Organ Donor Center of Hawaii)

Transplantation Works:

Did you know that the first organ transplant was performed in 1954 when a kidney was transplanted from one identical twin to the other? Since then, transplantation has progressed from "experimental" to being the standard treatment for many medical conditions such as end-stage renal disease, cardiomyopathy and cirrhosis of the liver. Hawaii's first transplant was in August 1969 when a 43-year old man with kidney failure received a kidney transplant. Now in our state, kidneys, hearts, livers and pancreases are regularly recovered for lifesaving transplants. Bones can provide grafts for patients facing the loss of a limb. Sight can be restored through corneal transplantation. **One donor can help up to 50 people.**



Donation Helps Your Family and Friends:

Eighty percent of the organs recovered in 1998 were transplanted in Hawaii. Unfortunately, the number of available organs/tissue and corneas has not kept up with the need. A new name is added to the national organ waiting list every 20 minutes. In Hawaii, approximately 200 people are waiting for organs and 10 to 12 will die while waiting this year. There is an urgent need for minorities to donate. When donations from a family member are not an option, the next most likely "match" is from someone of the same racial or ethnic group.

Donation Doesn't Wait Until You're Ready...Therefore Talk To Your Family:

Did you know that your family must give permission at the time of your death or you cannot be an organ/tissue donor? Even if you have signed a donor card or have "organ donor" on your driver's license, you must tell your family that you want to be a donor for wishes to be carried out. Surveys show that 93% of families would honor the expressed wishes of a family member if they knew what those wishes were. Most families cite not knowing their

loved one's wishes as the reason for declining to donate. The question of donation is asked of each family whose loved one dies while in the hospital. Hav-

ing discussed donation ahead of time prepares a family for this situation as well as providing the opportunity to carry out the wish of a loved one with certainty.

Studies Show That Donations Help Families With the Healing Process:

Priscilla, a donor's wife, recently said: "When my husband Richard passed away, it was such a heart wrenching time for me. Having him become a donor and being able to help someone in desperate need, gave me so much comfort. I felt it was the one thing of merit and value, positive and good, that came from his death." Stacey, a donor's daughter, said, "It's healing to know that someone lives because of this tragedy."

Facts You and Your Family Should Know About Donation:

- Age and medical history should not prevent you from considering organ and tissue donation.
- All of the world's major religions support donation. If you are unsure of your religion's view on donation, ask your spiritual advisors.
- Everything medically possible is done to save the patient's life before the option of donation is presented.
- Brain death is the permanent, complete and irreversible destruction of the brain. Brain death = Death.
- Donation does not affect the physical appearance of the body and will not interfere with funeral arrangements.
- There is no cost or payment for donation.

Organ Donor Center of Hawaii is a non-profit organization that coordinates the recovery of organs and tissues for the State of Hawaii. For more information about the program, please call 599-7630. ☒

How Can A Veteran... Continued
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stones or markers, American Flag, Military Funeral Honors, and reimbursement of burial expenses. The National Memorial Cemetery of the Pacific (Punchbowl) is a VA national cemetery and the Hawaii State Veterans' Cemetery is a state veterans's cemetery. Punchbowl will only accept cremated remains as new grave sites are not available; however, ground burial is provided for eligible dependents in the same grave site as the family member veteran who is currently buried at Punchbowl. Hawaii State Veterans' Cemetery will accept both ground and cremated remains. The designated representative of the veteran should request the mortuary to assist in making the arrangements. A copy of the veteran's discharge certificate will be required.

VA burial expenses are divided into two different categories. The VA will pay a burial allowance of up to

\$1500 if the veteran's death is service connected. For non-service related deaths, the VA will pay a \$300 burial and funeral expense allowance if at time of death the veteran was entitled to receive pension or compensation, or would have been entitled to compensation but for receipt of military retirement pay and did not receive the entitled compensation. Under certain conditions, the VA will pay a \$150 plot allowance when a veteran is not buried in a cemetery under U.S. government jurisdiction. Additional costs of transportation of the remains may be paid.

Burial expenses are paid to the person who paid the funeral expenses. Reimbursement payments can be applied for by filling out *VA Form 21-530, Application for Burial Allowance*. It will be necessary to attach proof of the veteran's military service (DD-214), the death certificate, and the paid funeral and burial bills.

Additionally, the VA may pay benefits to surviving spouses if the veteran died of a service-connected condition (Dependency and Indemnity Compensation). That monthly payment may be up to \$881. Also, surviving spouses and dependent children may be eligible for educational assistance benefits. Contact the VA or Veterans Service Organization for eligibility details.

For more information about death benefits, contact the VA. On Oahu, dial **433-1000**, or from the Neighbor Islands, dial toll-free **1-800-827-1000**. For burial information at **Punchbowl National Cemetery**, call **532-3720**; **Hawaii State Veterans' Cemetery**, **233-3630**, or **Arlington National Cemetery** at **1-703-696-3250**. To speak to a **Veteran Service Counselor** for the island of Hawaii, call **(808) 933-0315**; Maui, Molokai, and Lanai dial **(808) 243-5818**; and for Kauai dial **(808) 241-3348**. ☒

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their own wedding vows so why not be original by designing your own memorial services, if that is what you want.

- Our family has always used the XYZ funeral home. Is there anything wrong with this? No, but be sure it is the same funeral home. Many family funeral homes have been purchased by international conglomerates. Ask the person you have designated to be in charge to make this selection at time of need.
- Mortuaries and Cemeteries are separate businesses. Cemeteries are acquired by national and international conglomerates and invariably change prices and policies. You may own a cemetery plot but there could be added expenses at time of need.

- Which funeral home is the most economical? Shop by phone. Mortuaries are required to quote prices over the phone. Visit them and ask for a copy of their General Price List for you to study at your leisure. The Memorial Society of Hawaii performs a survey showing costs for immediate cremation and immediate burial. Immediate cremation, for example, can cost anywhere from \$600 to \$1300 for exactly the same services—depends on the mortuary you select.
- The average cost of a funeral is currently over \$5000. To that, add another \$5000 for cemetery expenses.
- Funerals and memorial services need not be held with cremated remains or a body present! Consider holding memorial services

days or weeks after cremation or burial.

- Pre-planning funerals is not just for the elderly. Read the daily obituaries – younger people die too.
- How do I get others to talk about this subject? Tell them you have made your own plans – out of consideration for them. Ask them to do the same out of consideration for you.

If you have read this far, you are now empowered to save your survivors from deciding details of your funeral, not being extravagant and going into debt. You can also help friends and acquaintances with this information. If you have further questions, refer to the *Resource List* in this publication or call the Memorial Society of Hawaii at **589-2884**. ☒

Resources

Advanced Directives

University of Hawaii
Elder Law Program 956-6544
(or contact your own attorney)

Bereavement Counseling & Support

Grieving Persons Support Group .. 949-0022
Hospice Hawaii..... 924-9255
Re-Orientation to Living..... 433-2317
St. Francis Hospice 595-7566
Samaritan Counseling
Center of Hawaii..... 545-2740
Single Again 247-4271
Unity Counseling Center..... 735-6030

Caskets

Affordable Casket Outlet..... 521-4411
(Retail Casket Store)
Website purchase www.casketstores.com
(24-hour delivery promised)

Education

AARP Widowed Persons Service.. 843-1906
Executive Office on Aging 586-0100
University of Hawaii
Center on Aging 956-5001

Funeral

Department of Human
Services (DHS) 587-3521
(Death Certificates, Permits to transport a body)
U.S. Department of
Veterans Affairs 566-1000
Veterans Service Center..... 1-800-827-1000
(Burial Benefits) Social Security
Administration 1-800-772-1213
(Benefits for survivors)
Natural Death Care www.naturaldeathcare.org
(Funerals by family members)

Funeral & Memorial Services Planning

Memorial Society of Hawaii 589-2884

Hawaii Coalition to Improve End of Life Care

Kokua Mau..... 586-7285

Hospice

Hospice Hawaii..... 924-9255
St. Francis Hospice 595-7566

Mortuaries

Borthwick Mortuary 522-5200
Diamond Head Mortuary 735-2872
Ordenstein's Hawaiian
Memorial Park Mortuary 247-0437
Hosoi Garden Mortuary 538-3877
Kukui Mortuary 537-5548
Leeward Funeral Home 455-1041
Mililani Downtown Mortuary 538-6207
Mililani Memorial
Park and Mortuary 677-5631
Nuuanu Mortuary 537-3907
Ultimate Cremation
Services of Hawaii 528-3441
Williams Funeral..... 949-0022
Windward Mortuary at
The Valley of the Temples..... 537-3907
National Cremation
Society of Hawaii..... 523-7027

Organ Donation

Body Donation 956-5467
(University of Hawaii School of Medicine)
Organ Donor Center of Hawaii 599-7630
Lions Eye Bank and
Makana Foundation 536-7416

Surfing The **AGING NETWORK.COM**

By Tony Baccay



www.seniors.gov Information and links to general health resources, links to professional resources, information about medical coverage and medical conditions of interest to seniors. Site also has direct links to State web and aging sites.

www.healthfinder.gov Free gateway to reliable health information developed by the U.S. Department of Health and Human Services. It links to carefully selected information from U.S. government agencies, major nonprofit and private health organizations, state health departments and universities. Covers over 1,000 topics.

www.kokua-mau.org Local site for end-of-life issues. Updated daily. Links to community resources, a sample of advance directive, "Five Questions to Ask," a pain scale, and more.

www.caregiver.on.ca/cgdddddcd.html Information and print-out forms for advance directives in all other states.

www.thirteen.org/onourown/terms Information about the television series: *On Our Own Terms: Moyers on Dying* which will be launched September 13, 2000 on KHET. Starting in September, this site will carry more information helpful to patients, caregivers and families.

www.hawaii/edu/uhp/press/pietsch/newchap4.html Up-to-date reference covers the legal rights of reciprocal beneficiaries, unmarried couples, and survivors. Also covers the dilemmas faced by health care professionals who often are asked by family members to intervene when an individual is no longer able to make personal decisions. 

Department of Community Services ELDERLY AFFAIRS DIVISION

The Area Agency on Aging for the City and County of Honolulu
715 South King Street, Suite 200, Honolulu, Hawaii 96813

County Executive on Aging Karen Miyake
Secretary Judi Yogi
Clerk Typist Alex Blackwell

STAFF

Urban Team Supervisor, Lorraine Fay; Rural Team Supervisor, Tony Baccay; Information & Assistance Coordinator, Lot Lau; Chief Planner, Pat Tompkins; Budget Analyst, Eugene Fujioka; Grants Managers, Douglas Gilman & Craig Yamaguchi; Data Coordinator, Carlton Sagara

ALOHA PUMEHANA is published four times a year to provide the public with information on aging issues and programs on Oahu. To be placed on the mailing list, please call **523-4545**. Written contributions to the newsletter are welcomed.



JEREMY HARRIS, Mayor
City and County of Honolulu

CALENDAR OF EVENTS Continued

Aging." Topics presented will include Telemedicine, Assistive Devices and Strategies, Alzheimer's Disease and Other Dementias, Health Promotion and Complimentary/Alternative Health Care. Registrants may attend one or both days. Discounted rates are offered to students and seniors. For more information, please call **529-0211**.

20 Lanakila Group Dining annual Senior Dance, 9 a.m. - 12 noon at the Brigham Young University Laie campus. For more information, call Nettie Stillwell at **531-0555**.

25 Malama Na Wahine O Waianae, skills building workshop for women of the Waianae Coast, sponsored by the Legal Aid Society of Hawaii. 10 a.m. - 12:30 p.m., Waianae Satellite City Hall Conference Room. **FREE!** Sign up required, Child Care is available, and light refreshments served. "Avoiding Problems With Your Landlord: how to rent and leave a rental" with Lisa Y. Fukuda, Legal Aid Society.

November 2000

5 55-Alive Mature Driving Course. Kaiser Medical Clinic, **597-2260**, Nov 3 & 10, 12 noon - 4p.m.; Queens Medical Center, **547-4823**, Nov 5 & 12, 9 a.m. - 1 p.m.; Castle Medical Center, **263-5400**, Nov 7 & 8, 12 noon - 4 p.m.; Sacred Hearts Church Waianae, **668-7160**, Nov 15 & 16, 8:00 a.m.- 12 noon; Hawaiian Eye Center, **621-3137**, Nov 20 & 28, 8:00a.m - 12 noon; Kaiser Medical Clinic, **597-2260**, Nov 21 & 28, 12 noon - 4 p.m. Classes consist of two 4-hour sessions. Participants must be 50 years or older to receive certificate for insurance purposes. \$10 fee for the workbook.

10 Lanakila Rehabilitation Center, Inc. annual Gift Fair. Scoop fabulous deals at this once-a-year blockbuster sale. Friday, Nov. 10, 10 a.m.- 9 p.m.; Saturday, Nov. 11, 10 a.m.- 4 p.m.; and Sunday, Nov. 12, 10 a.m.- 3 p.m. For more information, call Nettie Stillwell at **531-0555**.

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