

DEATH DOULAS HELPEASE TRANSITION

Learning how to die can make it a 'joyful time'

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What do you say to a dying person? Mostly, you just listen

The final transition can hold unexpected opportunities.

"You have to learn how to die; it can be a joyful time," says Darcie Norton, a registered nurse in B.C. who has come to feel grateful and blessed to be with patients who are dying.

"I keep them from being alone," she says.

Before those final moments, the process of dying "can be joyful because quite often it's a closeness between spouses, sisters, whoever, when you get over the grief of 'Yes, I'm going.'"

"Once you have people to assist you, there are lots of moments you can say what you want to say. Sometimes people get back in touch with their spiritual part."

There may be time for "a discussion of what they've attained in their life, of what they've done, and of what they're leaving behind," Norton says. "If they see their family members are going to be OK and hear positive comments, they know it's OK to leave them."

Sometimes, she says, it's a matter almost of giving a loved one permission to go, as she did with her father.

"Death is a transition," agrees Shirley Yallop, who volunteers at the CapitalCare Norwood Palliative Hospice. "We are born, we grow, we age, we decay, we make our transition. Everybody decides when they are going to make their transition; it's a very individual thing. When their soul is ready, their soul is ready."



Carla Rugg and her Canine Assisted Intervention dog Lando visit the Norwood Hospice twice a week.

Yallop's parents and her father-in-law all died at Norwood.

At least twice a week she goes in to see where she can help the patients and their families.

"I make a point of visiting every room every time I'm there," she says. Sometimes people are sleeping and I won't disturb them. If there are family members, I introduce myself if I haven't met them. I'm very fortunate because I have good intuition, I can feel the vibrations of the room. I've no doubt seen the patient many times and can tell what state they're at.

"If the family is there, I'll interact with the family, assess the mood and see if I can get them anything."

"They'll ask me questions about



PHOTOS: JOHN LUCAS, THE JOURNAL

Volunteers come in all shapes and sizes: Lando visits with patient Jim Mills and his wife, Van, at the CapitalCare Norwood Palliative Hospice in Edmonton.

maybe the patient, even," Yallop says.

She has been volunteering at Norwood long enough to have developed her instincts for when to guide people to a professional and when to stay with them.

"Sometimes, families are fighting among themselves," she says. "They may have grudges against each other. I try and ease the atmosphere and make everything calm."

Each visit is different, of course.

It may be as undemanding as playing cribbage with a patient or as delicate as receiving what Yallop calls "difficult and intense questions."

"The key to being a volunteer," she says, "is being an exceptional listen-

er and remembering it's not about me, it's about them. All my service is about them, whether I give them joy, laughter or an ear for them to talk to without being judged.

"Sometimes, the questions get a little heavy," Yallop says.

People have asked her, "How will I know I'm dead? Is it going to be painful? How is it going to happen?"

"At that point I really pray hard — to God and the angels — that I'm going to say the right words."

"There's never a script."

There is, however, always a sense of loss. "I genuinely care for them," she says. "It's a very big part of my life."

Whether you're the one dying or

ON THE WEB

- Because visitors to a hospice or palliative-care unit can feel awkward not knowing what to do or say, the Virtual Hospice at virtualhospice.ca has a page under Topics called Visiting.
- To be sure your visit is welcome and helpful, the site says, call first, keep it short, respect the schedule of the patients and the facility, and be flexible.
- It offers practical advice to make the most of every visit and goes on to explain how to adjust to the patient's advancing illness and changing needs.

you are with someone who is, there are four things to be said that matter most, according to Ira Byock, a U.S. emergency medicine and palliative-care physician.

An outspoken advocate for improving care through the end of life, he has written two books, *Dying Well: The Prospect for Growth at the End of Life* and *The Four Things That Matter Most: A Book About Living*.

The four most important things to say, writes Byock, are: I love you; thank you; I forgive you, and will you please forgive me?

Patients and their families have taught him about the painful regret that comes from not speaking the most basic feelings, he writes, and stating the obvious can resolve a legacy of pain.

And sometimes just practising saying these four things can make their meaning become true.

Volunteers ease loneliness, isolation and anxiety for elderly

Some see it as an opportunity to build friendships

Journal Special Projects Writer

Bob Lanman is careful to say he's not a trained death doula, he's simply a member of the Good Samaritan Society who visits one resident at the Dr. Gerald Zetter Care Centre.

But his role is changing as the resident closes in on his goal of living to be 100.

The resident, who must remain unnamed, was quite independent when Lanman took on the task of capturing a lifetime's worth of stories on behalf of the man's scattered family.

"He has led an incredibly varied life," Lanman says. "He and (his late) wife came from Estonia toward the end of the Second World War. The Soviets invaded, then the Nazis, then the Soviets were coming back, so they fled to Sweden. He has been in Canada since 1952."

"The first day I met him I told him I was going to record his life stories for his children. He told me everything in about two hours. I was just kind of flabbergasted. Since then he's been adding detail. I've been audio-taping him and have 140 pages, 65,000 words."

It's a painstaking task for Lanman, 57, to transcribe the dozens of tapes.

It takes about 10 hours per side, then he does a careful audio scroll through his collated notes to find the best place to insert the newest anecdotes. Lanman uses his computer to read aloud sections he highlights as he scrolls because he lost his vision over a 20-year period that started when he was a young adult.

He doesn't mind devoting the time to the visits, though, or to the transcription.

"The guy has such an incredible attitude that anybody would be interested, I think," he says. "He's not an open book because of his history (of oppression), but he certainly does share a lot with me. He has told me a bunch of stuff his children don't know, but will eventually."

Over the six years he's been keeping his friend company, Lanman has noticed the frailty creeping in.

The resident's hearing is going, as well as his

short-term memory. Once an active man, he no longer participates in exercise outings, or cooking and art classes.

"He was in a walker, always on the go, then in an electric wheelchair. He's weaker now and is in a really huge wheelchair he can't get around in on his own," Lanman says.

Needing touch, the resident lingers over a handshake and fusses over Dusty, Lanman's guide dog, a black Labrador-golden retriever cross.

"He's kind of a cantankerous guy, but he has a smile in his voice and he's appreciative when we walk in the room," Lanman says. "He sounds really sad when we leave."

"One of the great things about this is he and I have become very good friends. It's just amazing what he has survived, and he still has a positive attitude, the will to live and not to hurt anyone. It's inspiring."

Individual visiting, socializing and reminiscing enhance the quality of life of residents, says Edie Kendall, co-ordinator of volunteers at the Zetter. A volunteer's visit with the elderly and frail elderly can ease their loneliness, isolation and anxiety.

"Often the transition into care is a grief process for those who are aware they are saying farewell to their normal surroundings and living arrangements," she says. "The Good Samaritan Society works hard in trying to make those who come into our care feel at home, and volunteer interaction is a component of that."

Volunteers require a criminal check, references check, orientation and training to become registered with the Good Samaritan Society.

Having volunteers visit regularly is a win for the staff and volunteers as well, Kendall says, because of the relationship-building.

Lanman says he's been asked by others to chronicle their elderly relatives' lives, but for him what matters most is the friendship he has experienced.

"I look forward to seeing him," he says quietly.



CHRIS SCHWARZ, THE JOURNAL

Volunteer Bob Lanman and his guide dog Dusty visit a resident at the Dr. Gerald Zetter Care Centre.