



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.

On 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.

Families can bury urns in plots or scatter ashes in the upper pond or a small garden. Other ways to honor loved ones are by purchasing various items—such as bricks, bronze plaques, tree plantings—in their names.

The cost ranges from \$300 for a simple ash scattering to \$50,000 for a “family boulder estate in the water”—an elaborate memorial where ashes of family members are stored among a grouping of large rocks in a pond.

FUNERAL PLANNING

No one should throw together a funeral during the tumultuous period after a loved one's death. “Planning ahead is really necessary and really helpful,” says Joshua Slocum, the executive director of the Funeral Consumers Alliance, a Vermont-based industry watchdog.

First, consumers should do their homework. Both the Federal Trade Commission and AARP have plenty of information on their websites—ftc.gov and aarp.org. The Funeral Consumers Alliance of Central Ohio, a local chapter of Slocum's group, also has a website (funeralsohio.org) with advice on such topics as caskets, vaults, cremation and “funeral myths.”

An FTC pamphlet, *Funerals: A Consumer Guide* (available on its website), details consumers' basic rights, which, in essence, are boiled down to this: You can pick and choose what you want from a funeral home, which must give you an itemized price list. A funeral home can't force you to purchase products and services such as flowers, embalming or even caskets. (See “What a funeral costs.”)

At the time of death, state law requires just two things: the filing of a death certificate and the body's disposition (burial, cremation or donation for medical purposes). In November, the FTC conducted a funeral home sweep in Central Ohio to check for compliance with consumer-protection laws and found six of the 12 funeral homes checked did everything right. Five others had minor infractions, and one was fined and referred to a training program. (Names were not released.)

Most people buy caskets through funeral homes, but there are other options. Costco Wholesale, which plans to open an outlet near Polaris, sells caskets at its stores and online (Costco.com). And Newark's Wooden Coffin Outlet—1383 E. Main St. and at thewoodencoffinoutlet.com—sells directly to the public, with prices that start at \$340. In contrast, at

Schoedinger's 11 Central Ohio funeral homes, caskets range from \$900 to \$24,000.

You can even build your own casket. “That is not revolutionary or weird,” Slocum says.

Both consumer activists and funeral directors encourage planning ahead, but they differ on prepayment. “We have been in business for 150 years, so I think people tend to trust us,” Schoedinger says. “We guarantee the price of the funeral when you prearrange.”

But Slocum says prepayment can cause problems even if consumers are dealing with the most honest of funeral homes. A mother may think she's doing a good thing by paying for her own funeral, but she doesn't communicate effectively with her children—who then have unrealistic expectations about how the funeral will go. “It just sets up more heartache,” Slocum says.

Instead, Slocum suggests putting funeral savings into a “Totten trust”—also called a pay-on-death account—at a bank. The account's designated beneficiary (a daughter, perhaps) can collect the money for the funeral after she presents a death certificate to the bank, Slocum says. The account also doesn't end up in probate court after death.

O'Shaughnessy encourages setting a few guidelines for a funeral, but she's concerned that some people take too much control over their own arrangements—stealing an important right of passage from their children. “Ultimately, funerals are for the living,” she says.

DEATH AND DIVORCE

A happily married couple recently got a divorce over money. The issue was how to pay for the 78-year-old husband's medical bills since he needed to move into a nursing home. The 67-year-old wife brought most of the assets into the marriage, and, “She's scared about her retirement. The only way to protect herself financially was to divorce him,” says Bill Browning, a national expert on estate and long-term care planning at the Columbus law firm of Browning & Meyer.

Because nursing-home care isn't covered under Medicare, a spouse's healthcare issues can cause the other to lose almost everything to qualify for the federal program designed to cover medical costs for the impoverished. “I've got five or six divorces pending right now if that tells you anything,” Browning says.

To avoid the grim choices of poverty or divorce, prepare to pay for nursing

How to help the grieving

Your friend's spouse just died, and you have no idea what to say. Here are a few tips.

Avoid the clichés: “It was God's will.” “It was for the best.” “She's not suffering anymore.” Those phrases, even if true, can invalidate a grieving person's feelings, says Renee Hawley, a social worker and the grief-care director for Schoedinger Funeral Service and Crematory. “I take my cues from the person who is grieving,” Hawley says. “If they want to say things like that, then I will support that. The fact is someone may be better off, but it never feels like that when you are the one who's left behind.”

Listen: Grieving people often want to talk about their loss. Let them. “Listening is the most important part,” says Maryellen O'Shaughnessy, a funeral director at O'Shaughnessy Funeral Home and also a member of Columbus City Council. “It's so important for other families and friends to be there during periods like that.” In fact, you don't have to say anything at all. “It's OK to just show up,” O'Shaughnessy says.

Be patient: We all grieve in different ways—some internalize anguish, others let it all out. There's no right way, or proper time frame, so let people act however they want (and at their own pace). “I have heard stories from younger widows in their 30s or 40s, and they will go back to work and people will try to set them up on dates,” Hawley says. “They'll say, ‘It's time to move on. You're still crying after all this time.’ They are not helpful at all.”

Be genuine: There's nothing wrong with saying, “I just don't know what to say.” Besides, a grieving person will forgive a mistake or two if you're honest and compassionate.

Stay in touch: The grief doesn't end once the funeral is over. In fact, it's just begun. Try to talk with a grieving friend a week, a month, six months, a year afterwards. And don't forget painful anniversaries, such as weddings and birthdays; drop your friend a note or give him or her a call. “People who are grieving, they need to hear that name,” Hawley says. “They need to know that you remember, that you realize that their life has changed so drastically.”



Franklin County Coroner Bradley Lewis in an autopsy room at the Franklin County morgue. His office performs about 700 autopsies a year.

LIFE AT THE CORONER'S OFFICE

An odd thing has happened to one of Central Ohio's most gruesome jobs—it's gotten glamorous. Bradley Lewis laughs at people's misconceptions about his line of work since Hollywood turned forensic science into prime-time entertainment. "We don't solve any crimes here," Lewis says, sitting in his office at the Franklin County Coroner's building just south of Ohio State University. "It's not like 'CSI: Miami' in which star David Caruso calls the Bahamian coast guard to intercept a fleeing murder suspect. "I'm lucky if I can get the sheriff," Lewis says with a laugh.

The coroner's office, by statute, investigates "traumatic" deaths in Franklin County, including car crashes, murders and suicides, as well as unexplained deaths involving otherwise healthy people. The office also is notified of infant deaths (ages 2 and younger) and tries to identify John and Jane Does. In total, the office takes on 4,000 cases a year—about 40 percent of Franklin County deaths—and performs about 700 autopsies.

Lewis, the elected administrator,

oversees a \$3 million budget and 29 employees, including pathologists, toxicologists, investigators and forensic technicians. A part-time coroner, Lewis splits time between the county morgue and his private practice in Lancaster, where he's a family doctor. (He lives in Groveport.)

Lewis says television gives people a skewed view of his work in several ways. On "CSI," the deaths are always bizarre, police and pathologists work hand in hand and everything is wrapped up in an hour. It's much different at his office, where most cases are recorded as natural deaths, investigations drag on for months and the relationship between police and the coroner's office is, as he says, "fragmented." Adds Lewis, "The fragmentation is good. It's good that we don't have a vested interest in proving that somebody killed someone."

Still, the coroner's office, no matter how you spin it, is an unusual work environment. Giving a tour, Lewis opens the door of the autopsy room and finds a dead infant on a gurney. "I'm sorry. I didn't know you were working in here," he says to a technician.

home costs yourself, buy long-term care coverage (if you wait until you're older than 65, it can cost from \$2,000 to \$10,000 a year) or do whatever you can to avoid having to go a nursing home.

For those who have an estate to pass on when they die, lawyer Alan Acker says the goal is to avoid confusion and unnecessary court intervention. Writing a clear will is the best plan; parents with young children also should designate a guardian in their wills and make provisions—such as a trust—to provide for them. "If you don't have a will, the state will basically write one for you," Acker says. A free will form can be found at ilrg.com/forms/lastwill.html.

THE PROPER DOCUMENTS

It's no coincidence the most hard-fought legal cases about life support (including Terri Schiavo's) have revolved around people who became terminally ill or injured in their 20s and 30s. Younger people are less likely to have a living will and durable power of attorney (also known as a power of attorney for health care), and more likely to have surviving relatives anxious to keep them alive.

Of three death-related legal documents called advance directives—a living will, a durable power of attorney for health care, and a do-not-resuscitate (DNR) order—experts agree even young, healthy people should have the first two.

Making the decisions in advance and filling out the forms can be a relief to your spouse or other relatives, says Amy Mestemaker, interim medical director for Riverside Hospital's hospice program. "To have to make a hard decision to withdraw something or not to do something for a loved one can be really hard," she says. "If they make these decisions for themselves and put it in writing, it takes the burden off their family."

Here's a quick rundown on advance directives.

Living will

A living will states your wishes if you are unconscious and unlikely to recover, or you have a terminal illness and are not expected to survive long. Examples include a person in a car accident who suffered brain death or a patient with terminal cancer who has lapsed into unconsciousness.

If you don't have one, you will receive medical treatment to prolong

What a funeral costs

With the help of Bill Rutherford of Rutherford Funeral Homes & Crematories, *Columbus Monthly* came up with four funeral arrangements for different budgets. The totals don't include cemetery charges, which, on average, can add another \$2,900 to the cost of a funeral, according to Green Lawn Cemetery, the largest in Columbus.

Cheap: A direct cremation. The funeral home picks up the body and handles all the state-required paperwork, but you don't get a supervised memorial service, visiting hours or even an urn (you provide the home with a receptacle for the ashes, as well as any kind of box for the cremation). This could be a good option if you plan to scatter ashes and hold a small private memorial service in your own home. Total cost: **\$1,495.**

Affordable: A normal funeral with cremation. Provides the usual funeral services and products, but cuts the cost in half by having the body cremated instead of buried (there's no costly casket or burial vault to buy). Instead, consumers rent a casket (\$500) and purchase an urn (\$190) for the ashes. Total cost: **\$3,740.**

Average: A normal funeral with burial. Includes embalming, cosmetology, four hours of visitation, a funeral, a hearse, a casket (18-gauge steel, crepe interior, \$2,195) and a burial vault (10-gauge steel, air-sealed, \$1,599). Total cost: **\$7,074.**

Expensive: An elaborate funeral with burial. Increases visitation to eight hours and adds a graveside ceremony (\$225), a staff organist (\$70), a limousine for family members (\$195), burial clothing (\$165), a memorial supplies package (\$70) and a keepsake celebration video (\$225). The big price increases, however, are the casket (stainless steel, velvet interior, \$3,250) and burial vault (12-gauge stainless steel, air-sealed, \$4,600). Total cost: **\$12,480.**

HOW WE DIE

The top 10 causes of death in Franklin County from 2000-'02 (the latest statistics available), according to the Ohio Department of Health:

Heart disease	6,291
Cancer	5,770
Strokes	1,616
Lower respiratory disease	1,411
Diabetes	915
Accidents (unintentional injuries)	865
Influenza and pneumonia	542
Alzheimer's	542
Kidney disease	423
Blood poisoning	362

life as long as possible, unless you have designated a proxy using a durable power of attorney form.

Durable power of attorney (for health care)

If you can't speak for yourself, but you don't fall under the circumstances above that apply to the living will, the proxy you designate as your durable power of attorney will make decisions for you. Examples include a stroke victim who can't communicate, but is expected to live, or a patient so affected by dementia she can no longer make an informed decision about medical care.

If you don't have one, doctors may consult relatives, in a certain order, about some medical decisions. In the case of an older person, the decision is often left to a consensus of adult children, who may or may not agree with each other. In some cases, a decision-maker—usually a relative—must be appointed as a guardian by the court. A feeding tube can be withheld only by order of the probate court, if the patient hasn't signed an advance directive.

Do-not-resuscitate order

While the living will usually comes into play for a person who already has been hospitalized, a DNR indicates the patient does not wish to be revived or stabilized for admission to the hospital. Ohio has developed a new DNR form offering two levels of care as choices.

Examples include a 100-year-old patient who prefers not to undergo CPR or heart-stimulating shock (either by paramedics or in the hospital), or a patient with a fatal condition who is ready to die and doesn't wish further medical treatment.

If you don't have one, every attempt will be made to save your life. Once you are admitted to the hospital, your living will or health care proxy will be consulted if you can't communicate your wishes.

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The Ohio versions of the living will and durable power of attorney can be downloaded at ohpco.org. A booklet containing the documents and instructions for filling them out is available from the Ohio Hospice and Palliative Care Organization at 763-0036. A DNR must be issued by your doctor and is not recommended for young, healthy people.

Cluxton says discussing your wishes at length with your legal delegate, your family and your doctor is a must so medical personnel will be aware. Provide these people with copies of your advance directives, and make sure they are included in your medical file. "When you complete these," he says, "you should not keep them in a lockbox." ■

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