

A Guide for Humanists
and Non-Religious People in BC

END OF LIFE



BC HUMANIST ASSOCIATION

End of Life: A Guide for Humanists and Non-Religious People in BC

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END OF LIFE: A GUIDE FOR HUMANISTS AND NON-RELIGIOUS PEOPLE IN BC

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Introduction to the Ebook Edition

Humanism is a philosophy of life that asserts you can be ethical without believing in a god. Humanist thinkers have been around for centuries, promoting human rights, scientific thinking, and reason. If you haven't heard the term before and think, "I support all those things!" you might be a humanist.

Most British Columbians are non-religious^[1], and many are probably secular humanists. To learn more about modern humanism, you can contact the BC Humanist Association (BCHA), a registered charity since 1984. You can learn more on our website, [bchumanist.ca](https://www.bchumanist.ca)¹.

This end-of-life guide is for those who want to learn more about non-religious (humanist, atheist, agnostic) perspectives on death, prepare for the end of their own life in a non-religious way, or witness a non-religious friend or family member at the end of their life.

We start by exploring some philosophical ideas around death from a humanist perspective. We then consider mental well-being at the end of life and the role of emotional support for both the dying and their loved ones. The following section provides a practical exercise to help you plan for your death through "advance care planning." Then, we look at some healthcare issues that arise at the end of life, from palliative care to medical assistance in dying (as it exists in Canada). Our last section looks at death itself, which may occur during several overlapping crises.

1. <https://www.bchumanist.ca>

The guide ends with an extensive list of resources for these topics.

We hope this guide provides support, advice, and comfort during the end-of-life and grief process. We encourage you to share it with your friends, family, and others. If you have thoughts or comments about this guide, please get in touch with us at the BCHA to help us improve our materials.

This guide was first released as a booklet in October 2020 via our website and as an audiobook on the *BC Humanists Podcast*.^[2] This updated ebook edition features new sections on non-religious philosophical approaches to death and dying, updates on the changing laws governing medical assistance in dying in Canada, contributions from new writers and editors, an expanded section on death during crises, and more.

We also encourage you to read our other guide, *Memorials and Grief* (2021), available for free on our website and in an audiobook format on our podcast.^[3]

1. How you ask the question matters: According to the 2021 Census, 52.1% of British Columbians have “no religion;” however, the Census asks what a person’s religion is “even if no longer practicing.” A 2016 poll by the BCHA found that 69% of British Columbians do not practice a religion or faith. See Statistics Canada. (2023, March 29). *Census Profile*. 2021 Census of Population. (No. 98-316-X2021001).
<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E> and BC Humanist Association. (2016, June 13). “BC Religious and Secular Attitudes 2016.” Available at
https://www.bchumanist.ca/religious_and_secular_attitudes_2016.

2. The BC Humanists Podcast is available on Apple Podcasts, Spotify or at <https://www.bchumanist.ca/podcast>.
3. Burk, S. (2020, November 2). "Memorials & Grief: A Guide for Humanists and Non-religious People in BC." *BC Humanist Association*. Available at https://www.bchumanist.ca/memorials_grief_a_guide_for_humanists

The Humanist Perspective on Death

Humanism is a naturalistic worldview premised on the existence of an external reality that can be understood in some way through our senses and which was not created deliberately by a conscious force. That we exist is both an accident and a miracle! Humanist morality evolves from our ability to reason, our philosophies on the meaning of life, and the human capacity to feel pleasure and pain and to hold beliefs, values, and emotions. Above all, humanist morality acknowledges that we are part of nature.

Most humanists believe that there is no afterlife; once we die, the self does not experience anything at all. At best, our bodies and the energy that animated them return to the universe.

“When death is there, we are not; when we are there, death is not.”

~ Epicurus

While some find this notion frightening, the humanist perspective frees us from fear and encourages us not to worry about death. Because life ends with death, we simply cease to experience. We are not waiting for what happens next, tormented by the possibility of further pain and suffering. Life exists in the moment, until it ends.

A humanist might ask, “How can I live my life better knowing that one day, I will no longer be alive?” and “Why is it significant to live a life and do good, with no expectation of punishment

or reward after death?” Questions like these can help us consider why life and why death matter to humanists.

Humanism involves much more than beliefs about what comes after death. To a humanist, what we do during our lives has considerable importance. When reflecting on our life at the end, we might ask ourselves about the legacy we have left behind. This might include how we enriched our families, friends, and communities; how we advocated for the welfare of others; how we furthered scientific knowledge; or how we created beauty through art. Humanism advocates freedom to live a full life and decide for yourself what a good end of life means. These reflections can inspire us to take on a legacy project discussed later in the section on emotional well-being.

*Reflection: What do you believe makes a good life?
What makes a good death?*

Choice in Dying

Seeing death as a natural and inevitable phenomenon, humanists support the right for all people to die with dignity. Fully respecting autonomy in life means respecting the freedom to choose one's death. This guide provides suggestions for planning a death of one's choice.

Since humanists believe that dignity in death and dying requires dignity in life, they have long worked to help everyone live a good life. Many humanists advocate for human rights, oppose various forms of discrimination, and support a more equitable distribution of wealth. Humanist Manifesto II in 1973 called for

“wherever resources make possible, a minimum guaranteed annual income.”[1]

Efforts to respect autonomy in dying have taken many forms across the world. More recently, many countries have begun to permit people to request and receive medical intervention to hasten the dying process. Unique cultural values in each country have shaped their respective legal and healthcare systems to create different traditions, policies, and laws surrounding end-of-life intervention. In Canada, this intervention is called medical assistance in dying (MAID). This guide only discusses the current Canadian context, particularly in British Columbia, to provide practical, helpful information on MAID within local laws. (Readers curious about cultural practices and legal provisions in other countries can easily find descriptions online.)

Early experiences with MAID in Canada have been mainly positive. Dr. Stefanie Green, a pioneer in the Canadian MAID movement, wrote a memoir about her work that provides a thought-provoking perspective on the relationship between people who choose MAID and their loved ones.[2]

Members of the BC Humanist Association care deeply about this issue. In 2022, such deaths accounted for 5.5% of all deaths in BC, compared to the national average of 4.1%.[3] This is the second highest in Canada, second only to Quebec.

Because Canadian law now provides access to MAID to anyone with grievous and irremediable suffering, as determined by a court ruling,[4] those with non-terminal illnesses and disabilities can request such assistance. This new provision has drawn

criticism from many religious and disability groups who have argued that access to MAID devalues the lives of people with disabilities who might choose this option to escape a life of intolerable suffering and poverty.[5] The BCHA agrees: MAID is never an alternative to a high quality of life for the most vulnerable among us. In a May 2022 submission on medical assistance in dying, the BCHA called on the federal government to enact its promised Canada Disability Benefit, which would provide crucial financial support for Canadians living with disabilities.[6]

This critical debate should propel policy changes to provide robust social services and resources when and where people need them most. The BCHA strongly supports efforts to increase resources for people with disabilities, including medical treatment, community services, mental health and counselling services, and palliative care. Access to services like these enables people with disabilities to exercise their autonomy and to live with dignity, an essential precursor to dying with dignity.

Deathbed Conversions

Reflecting on core beliefs is natural at the end of life, no matter how firmly held. You may decide to strengthen or change them in big or small ways. Humanists are sometimes troubled by the suggestion that they will inevitably have some revelation or religious conversion during their end-of-life process. Although this may be possible, the likelihood of a deathbed conversion is very low, and stories of such conversions are essentially myths.

One of the most prominent of these alleged deathbed conversions is the apocryphal story by a British evangelist, “Lady

Hope,” that Charles Darwin converted to Christianity on his deathbed.[7] Unsurprisingly, Darwin’s children found this fabricated story insulting to them and their father’s legacy and beliefs.

Prolific humanist Christopher Hitchens said before he died in 2011, “It’s also rather presumptuous, as well as illogical, to suggest that now that I know of a nasty change in my physical condition, it’s surely time for me to be thinking of an alteration in my mental and intellectual state as well.”[8] Hitchens did not doubt his atheistic beliefs at the end of his life. Questioning your beliefs or remaining firm in your convictions is quite normal.

1. American Humanist Association (1973). Humanist Manifesto II. Available at <https://americanhumanist.org/what-is-humanism/manifesto2/>
2. Green, S. (2022). *This is Assisted Dying: A Doctor’s Story of Empowering Patients at the End of Life*. Scribner.
3. Health Canada. (2023, October). Number of Reported MAID Deaths in Canada (2016 to 2022) in *Fourth Annual Report on Medical Assistance in Dying in Canada 2022*. Available at <https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2022.html#a3.1>
4. The exact criteria were that a person’s natural death was “reasonably foreseeable.” These criteria are explored in depth in the Healthcare Issues section of this guide.
5. For a more thorough discussion, see Katic, G. (2022, December 23). Ep71: MAID in Canada (ft Nipa Chauhan, Trudo Lemmens & Dr. Derryk Smith). [Audio podcast episode] In *Darts & Letters*. Cited Media. Available at <https://dartsandletters.ca/2022/12/23/ep71-maid-in-canada-ft-nipa-chauhan-trudo-lemmens-dr-derryk-smith/>¹ and Picard,

- A. (2022, June 6). “We must make it easier to both live and die with dignity, but denying MAID to those living in poverty is not the answer.” *The Globe and Mail*. Available at <https://www.theglobeandmail.com/opinion/article-we-must-make-it-easier-to-both-live-and-die-with-dignity-but-denying/>²
6. BC Humanist Association. (2022, May 2). “Dignity in Life – Dignity in Death.” Available at https://www.bchumanist.ca/dignity_in_life_dignity_in_death³
7. Blackford, R. and Schüklenk, U. (2013). *50 Great Myths About Atheism*. Wiley-Blackwell.
8. Hitchens, C. (2010). “How rude they are.” *Washington Post*. Archived at <https://www.winnipegfreepress.com/opinion/analysis/2010/09/23/how-rude-they-are>

1. <https://dartsandletters.ca/2022/12/23/ep71-maid-in-canada-ft-nipa-chauhan-trudo-lemmens-dr-derryk-smith/>

2. <https://www.theglobeandmail.com/opinion/article-we-must-make-it-easier-to-both-live-and-die-with-dignity-but-denying/>

3. https://www.bchumanist.ca/dignity_in_life_dignity_in_death

Mental Well-Being and Emotional Support

“For all the comforting philosophies we can offer, the most powerful thing we can give each other in the face of death is companionship and witness..”

~ Greta Christina

Your end-of-life presents many complex challenges. You must navigate deep and changing emotions, both yours and those of loved ones. It can force you to face your deepest beliefs about life and death. Managing these issues can be particularly difficult when those close to you don't share your non-religious values.

This can lead to fears that you may be abandoned during your last days. You may also worry that those around you will not fully understand or support your end-of-life decisions. As a humanist, you may prefer to reflect on your (non-religious) values for science, art, and the well-being of others, not lament your lack of religious belief.

Non-religious Pastoral Support

Many people seek professional support at the end of their lives through “pastoral care,” a discussion between one person seeking comfort or healing and another trained to provide it. Originally a Christian practice, pastoral care has evolved to fit modern times through the growth of non-religious or humanist pastoral support, particularly in the UK.[1] Many non-religious people

seek secular pastoral care when it is available but would rather not receive it at all if cloaked in religious faith.

Fortunately, non-religious pastoral caregivers exist and can discuss the big questions of identity and purpose and can foster a thoughtful and comforting life review through compassionate listening.

Some humanists in pastoral care refer to themselves as chaplains, while others do not. Regardless, these individuals can help you manage your thoughts and feelings and reflect on them safely and without judgment. Most importantly, non-religious pastoral caregivers share secular values and a naturalistic worldview.

Canada has a small but growing number of humanist chaplains and pastoral support caregivers. Recently, humanists in Canada and elsewhere celebrated the first-ever appointment of a humanist chaplain in the Canadian Armed Forces.[2] We look forward to a continued expansion of these non-religious services that validate and normalize our worldview.

Reflection: If you or someone you know someone was involved in the Canadian Armed Forces, could a humanist chaplain like Captain Marie-Claire Khadij have helped them?

End-of-Life Doula

Another option for non-religious emotional support is an end-of-life “doula,” a Greek word for servant or helper. Doulas empower, educate, and encourage people and their families to participate in making decisions. Just as a birth doula supports a

pregnant person during the labour process, a death doula supports a person during the dying process. This support is specific to that person's needs, beliefs, and desires.

Death is a process that can span months or even years, and doulas can provide ongoing support regardless of diagnosis or illness. Doulas encourage you to voice your desires and plan for your future while you are healthy so that the care received at the end of life is appropriate and aligned with your wishes. Most doulas serve people of all religious faiths, but you may want to ask them about their experiences working with people who share your values. Although doulas usually charge a fee, their services can be beneficial and invaluable during challenging times by providing compassionate, ongoing support before, during, and after death.

Please note that Canada has no official end-of-life or death doula accreditation. They have diverse educational and professional backgrounds; some may be a more suitable fit for you. Consult reputable organizations and people you trust when choosing an end-of-life doula.

Reflection: What questions would you have for a death doula?

Other Supports

Most long-term care homes and hospices employ social workers, clinical counsellors, physiotherapists, and music and art therapists. All government-run institutions provide language translators upon request, who should be used instead of bilingual family or friends. These specialists may even visit your home if you

plan to die there. Many people seeking end-of-life emotional support encounter these professionals first, who can often suggest other suitable resources. They can be beneficial but usually do not provide the same level of individualized care as a chaplain or doula, as discussed above.

Advocates, family, and friends of a dying person also need emotional support. They can face burnout and exhaustion during a prolonged period of illness and death and may experience complicated emotions of anticipatory grief. Finding strategies to manage these feelings through self-compassion is essential and helps ensure that the dying person fully experiences love and affection during their last days. For example, several people might take turns providing companionship at the end of a loved one's life. Sharing a loving presence can be a gift to the dying person and those giving comfort, and it helps prevent anyone from feeling obligated or burdened. By sharing the work, individuals can rest before returning when ready. No one should try to control how events unfold or bear the total weight of a loved one's end of life; use the services and resources that are available whenever possible.

In British Columbia, the provincial government operates the free and confidential BC Bereavement Helpline that can help connect family and friends with grief support services.[3]

Reflection: What can you do in advance to prepare support for the mental well-being of your friends and family during your death?

1. Humanists UK. (n.d.). "Non-religious Pastoral Support." Available at

<https://humanists.uk/community/humanist-pastoral-support/>

2. Canadian Armed Forces (2022, June 13). “The CAF introduces first-ever humanist chaplain.” Available at <https://www.canada.ca/en/departement-national-defence/maple-leaf/defence/2022/06/caf-introduces-humanist-chaplain.html>
3. You can find out more about the BC Bereavement Helpline at their website: <https://bcbh.ca>

Planning for Death

We Need to Think About Death

By Christa Ovenell, owner/operator of Death's Apprentice

One thing I know for sure: no matter how bad my day at work is, it's going to be better than the day my clients are having.

How can I be sure? Because I'm a funeral director. Actually, I'm a funeral director, embalmer, and end-of-life doula. I'm a death educator and someone who knows – in astounding detail – what happens when you die. It's not actually a mystery. It's entirely predictable and something we can plan for. What I have experienced over and over is that when you don't know what happens when you die – when you don't even know basics like timelines, options, expenses – then you are at a very high risk of making a decision that you will one day regret.

Imagine how different our lives would be if we spent as much time thinking about our individual and collective mortality (and the very real practical considerations such a topic brings to the fore) as we spent researching our cell phone plans. There are really no life events that we go into with as little preparation as we do for death – which ultimately is nothing more than just one more important life event. New parents know exactly what to “expect when they are expecting,” and excited brides and anxious grooms painstakingly prepare for what will be nothing more than one single day in a long marriage. People plan for babies and weddings; they plan to graduate, retire, or divorce. Not everyone will

have a baby, get married, quit a job, finish school, or leave a marriage. But every single one of us will die.

So, how come so many of us don't bother to plan for the one thing we all have in common?

This might come as a surprise, but I place part of the blame for the staggeringly low levels of death literacy squarely at the feet of the very profession I am part of. Funeral directors have historically been a big part of the problem.

We used to die at home, and we used to tend our dead at home, too. But we don't do much of that anymore: we now call in professionals who help with all the heavy work. Ironically, the professionalization of death care has contributed to the fact that most folks don't know what *needs* to happen when a death occurs. By extension, they don't know what *doesn't* need to happen. And they rarely have a clue about the beautiful possibilities that *could* happen at the end of life and after death in terms of ritual, ceremony, and healing human connection. Death education, coupled with some practical planning, goes a long way to easing hearts and tending sorrows.

I've seen the toll that living in a death-denying society takes on all of us. I hope you'll believe me on this: if you think saying "just cremate me" addresses the decisions that will need to be made at a time of loss, difficulty, and distress...well, it doesn't even come close. And it won't do anything to help the people you'll leave behind. People left behind will be having a very bad day indeed.

How to Create Meaningful, Secular

Ceremonies

By Megan Sheldon, Co-founder of Be Ceremonial

As a cultural mythologist, end-of-life doula, and life cycle celebrant, I've designed and curated hundreds of ceremonies for people around the world, helping them mark both beginnings and endings in relationships, careers, birth, and death. I get to see how rituals and ceremonies can help us process difficult experiences, form deeper connections, and set intentions for the future.

I also know that becoming ceremonial is like building muscle; the more you invite rituals into your daily life, the stronger those ritual muscles become. So, when something big or challenging happens in your life, you already have a ritual practice to draw from.

To start, ask yourself the following questions:

- What rituals do you currently have in your life?
- What role does ceremony play in your day, in your friendships, and in your work?
- Why are you drawn to ritual and ceremony?

I was recently featured in the North Shore News with a community grief ceremony I offer, inviting people who are grieving to join me for a swim in the sea.[1] Each week, we witness each other's grief, and we release it into the ocean. The rituals help us release what's weighing on us, find presence in the moment, and express our gratitude. The ceremony connects us to ourselves, to each other, and to the wonders of this planet.

There are so many ways you can invite ritual into your life and into the lives of others, yet until you have a solid relationship with ritual yourself, it's difficult to introduce it to someone else.

We all connect with ritual and ceremony in different ways. For some, rituals are simple actions that fold into the day, like getting out of bed the same way each morning. For others, rituals are grand gestures that bring people together, like a family dinner or an annual holiday event. Our relationship with ritual is continually evolving, so finding your own way to describe your relationship with ritual is essential if you want to start creating ceremonies for others.

What is ritual?

For me, a ritual is an intentional action taken with the hope of creating meaning. Ritual itself becomes a language that we can communicate through, helping us express what we're holding, feeling, or wishing for. A ritual can stand alone, or it can be a component of a ceremony. Rituals don't need to be complicated or complex; in fact, some of the most powerful rituals are often connected to everyday habits, such as making your morning coffee.

What is ceremony?

If a ritual is the action, then the ceremony is the vessel. I define a ceremony as a sacred container that holds a string of rituals together, helping us acknowledge a moment of change or a time of transition in our lives. For me, a ceremony is an acknowledgment of what was, what is, and what will be. It can help us move

through change with attention and intention. It can also help us connect with ourselves, with each other, and with the world around us.

How do we create meaningful ceremonies?

We suggest drawing from our “1-2-3-4-5” technique as it offers a framework to follow as you begin planning a ceremonial experience unique and meaningful to you or the person being honoured.

1. **Choose 1 intention** for your ceremony. What do you want to feel during the ceremonial experience? Why is this ceremony important or needed? If you’re inviting others into the ceremony space, be sure to clearly state the intention ahead of time so everyone is on the same page.
2. **Consider 2 polarities** or seemingly opposing emotions that you’re holding in connection with the ceremony, such as grief and gratitude, heavy and light, worried and relieved. During your ceremony, do your best to create space for both polarities to be represented, even by simply acknowledging that they are present.
3. **Acknowledge 3 time periods**, such as the past, present, and future. A traditional rite of passage is structured as three stages: the separation (leaving something behind), the transition (the in-between space), and the return (moving forward with something you learned). During your ceremony, take time to consider what was, what is, and what will be.
4. **Weave in the 4 elements**, which many of us identify as

earth, water, fire, and air. The natural elements inspire us to connect with our surroundings, and they are the basis of most rituals. Whether it's lighting a candle, drinking a cup of tea, taking a few deep breaths, or choosing an object in nature to hold onto, there are so many ways to bring natural elements into a ceremony.

5. **Tap into the 5 senses** and draw attention to your sense of smell, sight, sound, taste, and touch. Our senses help us drop into a ritual mindset, tapping into previous experiences, finding presence and mindfulness, and creating future pathways to reconnect with ourselves, each other, and the world around us.

The 1-2-3-4-5 technique offers a framework to start as you plan and curate a ceremony. We've designed our ceremony creation platform with these 5 ideas in mind. To learn more about ritual and ceremony, you can sign up for our free computer app at www.beceremonial.com¹. We also offer custom ceremonies, on-line workshops, and in-person retreats with www.seekingceremony.com².

Creating a Space of Comfort and Love

Creating a space where the dying person feels comfortable and loved is vital at the end of life. Most people want to be surrounded by loved ones at this time and should not be left alone unless they request it. When creating the space, whether in the home or a medical institution, you might consider engaging all five bod-

1. <http://www.beceremonial.com>

2. <http://www.seekingceremony.com>

ily senses in a way appropriate to the location or capacities of the person. Pictures can help encourage sharing during life reflection.

Humanism emphasizes the individual, albeit responsibly and within a social context, so the wishes of the dying should be centred in their space. Many non-religious individuals will not want religious iconography around them. Still, some secular people may find comfort in objects and rituals associated with the supernatural, alternative medicine, or religious beliefs. This is perfectly acceptable. Finding comfort or joy in sacred practices, items, or artifacts need not entail accepting the underlying assumptions held by others. For example, if crystals, Tibetan singing bowls, essential oils, or familiar religious hymns from childhood are important to the dying person, include them.

This special space caters to and centres upon the dying person and should include whatever objects are meaningful to that person. Inviting these objects into the room does not concede the legitimacy of religion or invalidate one's humanist perspective. Far from it, such pieces and rituals can affirm lifelong values and reconcile trauma or challenges that may originally have come with them.

Reflection: What objects have meaning to you?

Legacy Projects

Time to think about one's life provides an opportunity for many people to define a "good death." Our influence on other's lives and the world constitutes our legacy, which we can explore

through storytelling. These stories and discussions provide healing not only for the individual dying but also for their family and friends, who will find comfort and solace during their grief in remembering the person's life. One study found that caregivers and patients who participated in a legacy project such as a scrapbook or audio recording experienced less stress and better family communication than those who participated only in telephone counselling sessions.[2]

A family member, friend, hospice volunteer, end-of-life doula, social worker, non-religious pastoral supporter, or counsellor can help organize the legacy project. Legacy projects take many forms, and a little creativity can help find something that suits the family and the individual. For example, you could create a legacy scroll with quotations, memories, statements of belief, and photographs on a long piece of paper that is kept rolled until death, when it can be unrolled and displayed. You can even add a painted handprint or thumbprint of all your family and friends to the scroll. A fabric quilt can represent meaningful aspects of your life. It can include a special blanket, baby clothes, a wedding dress, sports jerseys, tourist t-shirts, and more.

Audio and video legacy projects, such as an interview of a loved one, are simple ways of passing down shared stories and powerful ways of remembering. A video about your life or individual messages to all your loved ones can bring much comfort while grieving. They help keep family histories alive, especially for people from oral cultures. Handmade legacy projects may include scrapbooks, letters, cookbooks, message cards, or postcards. Artistic legacy projects can become family treasures, such as a memory box, windchime, portrait, painted rocks, sculpture, bracelet, or

music box. A lock of hair or a fingerprint cast in air-dry clay is easily saved for friends and family who might cherish a piece of a loved one's body.

You can find many more inspirations for legacy projects in the references listed in the resources section.

Reflection: What do you want your loved ones and community to remember about you?

1. Laba, N. (2022, Sep. 1). "Sunday swimming group makes church of the sea." *North Shore News*. Available at <https://www.nsnews.com/in-the-community/cold-water-plunge-swimming-north-shore-5768610>.
2. Allen, R.S. (2009). The Legacy Project Intervention to Enhance Meaningful Family Interactions: Case Examples. *Clinical gerontologist*, 32(2), 164–176. <https://doi.org/10.1080/07317110802677005>

Advance Care Planning

Advance care planning (ACP) allows you to express your wishes and values for medical treatment if you can no longer speak for yourself. These plans do not take effect until you lose your ability to communicate. ACP is one of the best ways to ensure that the care you receive respects your beliefs and wishes.

A 2019 Advance Care Planning Canada initiative study found that over four in five Canadians agree ACP is important, but just one in five has a plan.[1] This sobering statistic shows the dangers of procrastinating when considering our death.

Choosing to do ACP is a practical and compassionate decision for both you and the many people around you at the time of your death. It can improve the quality of your end-of-life care; create a more positive, trusting relationship with your healthcare providers; and provide you with dignity and wellbeing in ways that matter to you. It will relieve your friends and family from conflict over difficult decisions relating to your care, saving them time and unnecessary costs on treatments or interventions you may not want. It also gives your loved ones peace of mind, knowing they made the decisions you would have wanted.

Your values and beliefs about end-of-life care and what should happen after your death may differ from those around you. Or perhaps you feel that others might disagree about your wishes. Planning for this by stating your wishes clearly can prevent conflict and ensure your wishes are fulfilled.

An advance directive, the written component of ACP, states what healthcare treatment you wish to refuse (e.g., do not resuscitate, no blood transfusions). Choosing an informed substitute decision-maker or representative through a formalized representation agreement and requesting specific treatments through an advance directive is very important. Stating your wishes clearly reduces serious conflict among caregivers and ensures you do not receive treatments that contradict your values or prolong your suffering. ACP can be completely free and is available to any adult at any time, provided they can engage in the process. As we all know, life can change in the blink of an eye; in a world of diverse beliefs, we must share our values so they can be respected. Don't postpone your advance care planning!

Reflection: What are your treatment priorities?

Having the Conversation

There are many ways to begin advance care planning, but a comprehensive approach should include conversations with family, friends, and healthcare providers; a written record or video documenting values and wishes; and the appointment of a substitute decision-maker with all necessary contact information.

ACP does not need to be a formal procedure. Any step toward discussing your wishes with the people you love and your healthcare providers has value. You may even consider "Go Wish," an advance care and end-of-life planning card game.[2] Each card has a statement such as "to have my funeral arrangements made," "to be free from pain," or "to have someone who will listen to me," which you place into one of three categories of importance.

Discussing these cards may help you consider aspects of end-of-life care you may have overlooked, which you can include or exclude from your plans. A link to the free version of the game is included in the resources section.

Reflection: Do end-of-life conversations seem easy or challenging to you? How can you make them more comfortable?

Documenting Your Wishes

Do It With a Professional

At its heart, end-of-life planning considers our future and the life we want to leave behind for those we love. This consideration also requires knowing the most practical options, how they go into effect and the real-world implications of your decisions. End-of-life educators and planners are uniquely qualified to provide this guidance. They also offer peace of mind that your planning will be holistic. A professional can also serve as a neutral party that does not require complex discussion of financials and asset distribution with friends and family. Consider enlisting an end-of-life educator in your end-of-life planning.

Willow End of Life Education and Planning has a Find an Educator page that includes their certified coaches and free DIY tools.[3]

Do It Yourself

You can find BC's advance care planning guide, *My Voice: Expressing My Wishes for Future Health Care Treatment*, online or in print at most health units and doctors' offices.[4] The 56-page guide is secular and available in many languages. It also includes a workbook to guide you through advance care planning.

Dying with Dignity Canada has a comprehensive and up-to-date *Advance Care Planning Kit* for people living in BC. It is especially relevant for those who feel they may seek medical assistance in dying.[5]

Remember, an ACP does not need to be notarized in most cases, but you should ensure that at least two others have a copy. It's also a good idea to let your doctor know about your advance care planning and even share a copy of your statement with them. Most importantly, ensure that your representative understands your wishes and will respect them.

Note that if you wish to pass away at home for any reason, or you believe this may occur, an "Expected Death in the Home" (EDITH) form must be completed before death to avoid serious legal repercussions for your loved ones after your death.[6] You can find more information about all these options under the "Advance Care Planning" resources section at the end of this guide.

Organ and Body Donation Programs

As people who do not believe in spiritual existence after death, humanists overwhelmingly support organ donation.[7] After

your death, being able to help another life is not only a marvelous scientific advancement but a humanitarian act. Because just 1% of all hospital deaths result in organ donations, it is imperative to register as an organ donor.[8] There's no better time to register than during your advance care planning (if you haven't already done so).

You can register as an organ donor in British Columbia online at transplant.bc.ca. Just have your Personal Health Number handy. If you are under 19, a parent or guardian must sign on your behalf. Once you've registered, let your loved ones know about your decision.

Humanists have also supported opt-out organ donation programs. These "deemed consent" laws mean that individuals must register that they do *not* want their organs donated. Otherwise, if there is no family objection, their organs may be used to help others upon death. Humanists UK has been championing the issue in the United Kingdom, leading to a new opt-out law in Northern Ireland.[9] In Canada, Nova Scotia moved to an opt-out system in 2021.[10] To ask your province to adopt similar policies, write to your provincial representative (MLA) and health minister.

You may also donate your body for scientific research to help advance medical training and knowledge. The University of British Columbia is the only university in the province that accepts such donations. Scientists, educators, and students show great respect for donors' lives; they may even read portions of letters written earlier by the deceased explaining why they chose body donation. If your body is accepted into the program after you die, it

will undergo many embalming practices and a period of scientific and educational study. The remains are eventually cremated and returned to your loved ones. However, organ donation typically takes precedence because of high demand.

To register for body donation, you must complete two copies of the university's consent form.[11] One copy is returned to UBC, and the other is placed with your other ACP documents (typically with a loved one or physician). As soon as possible after your death, your executor or next of kin must then contact UBC at 604-822-2578 to discuss the next steps. Note that if someone dies at home, organ and body donation is not possible due to transportation challenges.

Checklist

Use this checklist, adapted from the *Advance Care Planning Canada* booklet, to help you think through your ACP:

- ✓ THINK: I have thought about what matters most to me and who can make healthcare decisions if I cannot.
- ✓ TALK: I have spoken to my family, friends, and healthcare providers about my wishes.
- ✓ PLAN: I have recorded these wishes (written, audio, or video) and given copies to people close to me and my healthcare providers. I have registered my decision to be an organ donor with Transplant BC (and the UBC Body Donation program, if applicable).

✓ **REVIEW:** Review your advance care plan whenever there is a change in your health, personal life, marriage status, or living situation. You can change your advance care plan at any time.

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Healthcare Issues

Medical Assistance in Dying (MAID)

Written with Alex Muir, Dying with Dignity Canada Vancouver Chair

Suicide was decriminalized in Canada in 1972, but assisting someone to die remained a crime in all cases until relatively recently. This meant that people who no longer wished to continue living were forced to consider horrible options like voluntary starvation or worse. In 2015, the Supreme Court of Canada unanimously struck down Canada's prohibitions on assisted dying for people with "a grievous and irremediable medical condition that causes intolerable suffering." [1] The Government of Canada partially implemented this criteria with Bill C-14 in 2016. However, the Superior Court of Quebec in 2019 still found this updated law excessively restrictive. [2] The federal government then introduced Bill C-7, which expanded access to those whose deaths are not "reasonably foreseeable"; it became law in early 2021.

Further legislative changes are pending. Bill C-7 specifically excluded MAID provision for those whose sole underlying condition is a mental illness. [3] This was to last until March 17, 2023, but Bill C-39 extended this deadline to March 17, 2024. Bill C-7 also stipulated that further investigation was required in several key areas, prompting the formation of a Special Joint Parliamentary Committee on MAID. The committee received 19 recommendations from an expert review panel on mental illness, heard

from 150 witnesses over 18 months, and received 350 briefs and other correspondence. Their final report was published on February 15, 2023, with 23 recommendations in the following areas:

- Mental illness
- Mature minors
- Advance requests
- State of palliative care in Canada
- Protection of Canadians with disabilities
- Indigenous consultation
- Use of psilocybin as a therapy
- MAID access in prisons

The government is expected to deliver its response in the coming months, which will likely lead to further legislative changes unless there is a change in government.

At the time of publication, you must be at least 18 to access MAID and be covered by public health insurance. You must also make a voluntary and informed request, have a serious illness, disease, or disability, and endure ongoing and intolerable pain or suffering. Since March 2021, applications for and receiving MAID depend on the foreseeability of your death. If your natural death is not reasonably foreseeable, you must meet more stringent criteria before obtaining MAID.

The families of loved ones who requested and obtained MAID have expressed many benefits from the process.^[4] They say that their family member died peacefully, with dignity, and surrounded by love. If you have family or friends who do not support your

choice for a medically assisted death, you do not need to share this decision with them.

Starting the MAID Process

As MAID is still a relatively new and evolving field of medicine in Canada, the most current information is probably from your local health authority. You can find detailed information and links on the Government of British Columbia's website.[5]

To obtain MAID, you must first submit a written request using Form 1632 that you complete and submit to your local health authority.[6] Teams within each health authority will first help you plan your two assessments with a nurse practitioner or physician to determine your eligibility for an assisted death. You need to be honest and open about your illness during the assessment process, but nothing more. These meetings can occur anywhere, including your home, an acute care hospital ward, a residential care home, or via video chat. Assessment meetings can take a few days to arrange, so begin your patient request early. The health authority will help coordinate any subsequent steps.

The process to access MAID depends on whether the person's "natural death is reasonably foreseeable" or, as the Government of Canada puts it, there is "a temporal link to death in the sense that the person is approaching the end of their life in the near term." [7] In other words, a medical clinician has judged that their patient is likely to die from their illness within a few weeks or months. However, the definition is intentionally flexible and adjusted according to each case.

Those on **track 1**, whose natural death is reasonably foreseeable (96.5% of all MAID deaths in Canada in 2022[8]), will need:

1. A written request, signed by one independent witness;
2. Two assessments by two physicians or nurse practitioners.

Additionally, suppose you have been assessed and approved for MAID but are at risk of losing decision-making capacity (for example, because of a declining mental status). In that case, you can complete a Waiver of Final Consent with your MAID provider. You can rescind this waiver at any time.

A final consent waiver can be tremendously important for those who are seeking a medically assisted death. Without it, people at the end of their lives have had to choose between receiving pain medication or spending their last moments in agony to provide consent. Others had their medically assisted death earlier than they desired, knowing they could lose the capacity to consent on their preferred date.

Those on **track 2**, whose death is not reasonably foreseeable (3.5% of all MAID deaths in Canada[8]), will need the witnessed written request and two assessments as in track 1, and they must also:

1. Receive information on ways to relieve suffering;
2. Discuss seriously with their healthcare practitioner ways to relieve suffering;
3. Wait 90 days after assessments before accessing MAID;
4. Have an opportunity to withdraw the request

immediately before MAID is provided.

One of the assessments must be by a healthcare provider who is, or consults with, an expert on your medical condition.

On either track, you may withdraw your request for an assisted death at any time during the assessment. You also have the right at any time to change your mind or reschedule the assisted death, even after giving final consent, with absolutely no consequences.

Two methods of assisted death are available in Canada: oral and intravenous medication. The oral method may appeal to those who want to be actively involved in their process, but it is used rarely in Canada (less than 1% of MAID deaths) as the intravenous route is quicker and more effective. The provider and a support nurse will prescribe three medications. An occupational therapist can assist those choosing the oral method with a special tool in case of difficulty swallowing. The intravenous method also uses three drugs: a sedative, a coma-inducing agent, and a muscle relaxant, all administered through a hypodermic needle in your arm. In both cases, the medications will calm you, reduce nausea or painful symptoms, and help you sleep peacefully. After you have fallen asleep, your heart will slowly stop. At no point will you feel any pain or distress.

A medically assisted death can happen in a hospital, hospice, long-term care facility, or your own home. Regardless of location, those facilitating a medically assisted death will likely permit you to choose a particular time or place, have your loved ones present, dress in your favourite clothes, play music, and surround yourself with whatever makes you feel most at peace.

Aside from situational limitations in some healthcare facilities or your capabilities, the experience is entirely your own.

After MAID

After passing away, family and friends can spend time with your body until they are ready to call a funeral home. They may wash or massage the body or spend time with you according to your wishes or theirs. If you are an organ donor or have opted for medical body donation, the following steps will proceed as explained when making those arrangements.

The death certificate will note “Medical Assistance in Dying,” followed by the underlying illness.[9] The manner of death is “natural” and will not be investigated by a coroner as a suicide would be.

Barriers to MAID

Although legal, access to MAID in BC still has several limitations. The fundamental inequities throughout our healthcare system (elaborated below) impact access to MAID. People in remote communities may have travel barriers, a person’s identity can affect how seriously authorities regard a request for MAID, and those who do not have a family doctor may lack the opportunity to access the procedure. Additionally, some community values and beliefs also present a real challenge to MAID. Religious views – particularly those of the Catholic Church and many evangelical Christians – create additional barriers to access.

Many healthcare institutions across Canada remain affiliated with religious denominations despite significant funding by provincial governments. In British Columbia, for example, Roman Catholic Providence Healthcare operates St. Paul's Hospital in downtown Vancouver and other smaller hospitals and clinics across the region. These facilities receive around \$1 billion in public funding, comprising nearly their entire revenue.[10] Because of the religious beliefs of the people who run Providence Healthcare, their hospitals are allowed through an agreement with the Ministry of Health to refuse to provide MAID (or abortions).

Refusing to provide legal medical services in what is essentially a public institution contradicts the government's duty of religious neutrality and places unfair burdens on dying people. Patients admitted to a faith-based hospital or hospice who then want MAID will have to find an alternative facility in which to exercise their rights, forcing on them an uncomfortable, if not gruelling, transfer.[11] Individuals living in smaller towns or rural areas may have to travel outside their community if the only healthcare facilities or providers are faith-based or have conscientious objections to MAID.

In one troubling example, the Delta Hospice Society voted to enshrine Christianity in its mandate and ban MAID from the Irene Thomas Hospice, which it operated in BC's lower mainland. The province subsequently assumed control of the hospice and transferred its operations to the public health authority.[12] Although the government acted to protect the rights of patients at Irene Thomas Hospice, other religious facilities, which receive billions of dollars annually from the provincial government, can

still refuse to provide MAID and abortion on religious grounds. Dying With Dignity Canada provides an "advocacy toolkit" to encourage its supporters to speak with politicians about the importance of delivering MAID in all publicly funded healthcare facilities.[13]

Beyond the institutional objections, individual medical practitioners who 'conscientiously object' to MAID are not required to serve as assessors.[14] They are, however, required to provide their patients with information, reasonably facilitate their patients' wishes, and transfer their medical records. They must also report to the College of Surgeons and Physicians of BC that they are transferring the patient's records for medical assistance in dying. Pharmacists and pharmacy technicians who dispense the medications may also conscientiously object, which can affect timely access to the medicines required for an assisted death. The Government of BC acknowledges that MAID "may not be readily available in every community." Still, it states it is "working to support person-centred access within each region of the province."

If you find yourself in a situation with these restrictions, you — or your advocate — will need to demand your rightful care. This may require a transfer to a facility that can accommodate a request for MAID.[15]

Finally, Canada's medicalized approach to assisted dying imposes other legislative restrictions. Mature minors, who can otherwise legally consent to medical procedures, are denied access. Those with a degenerative illness or who are worried about developing one cannot sign an advanced request for MAID because of re-

quirements for final consent.[16] Governments continuously study ways to expand MAID to accommodate some of these scenarios. If you feel strongly about these issues, write your Member of Parliament.

Action: Ask your representatives to end funding for religious healthcare institutions that refuse to help patients seeking medical assistance in dying.

Health Inequity

Unfortunately, healthcare access more generally, including end-of-life care, differs across Canada. Various geographic, racial, religious, and financial disparities serve as barriers to death with dignity.

The *In Plain Sight* report found that:

Through listening to thousands of voices – via survey results, direct submissions, health care data, and interviews with Indigenous people who have been impacted by the health system, health care practitioners and leaders – a picture is presented of a B.C. health care system with widespread systemic racism against Indigenous peoples. This racism results in a range of negative impacts, harm, and even death.[17]

Canada only began collecting information related to the disability, race, and Indigenous identity of MAID recipients in 2023, which will be released in 2024. However, research from Ontario suggests that those who access MAID are disproportionately

well-off.[18] Similarly, the Oregon-based group Compassion & Choices states that:

Data indicate that historically underserved communities are less likely to have meaningful information about and access to advance care planning, palliative care, pain management, and hospice care, and more likely to receive aggressive end-of-life-care that does not increase, and may reduce, quality of life.[19]

This means that people who are Indigenous, Black, have darker skin tones, identify as LGBTQ2S+, or have a disability often face barriers when planning for their end-of-life, accessing resources, and choosing among various options. Marginalized populations may reasonably distrust a system that has historically hurt them and excluded their perspectives. Also, healthcare providers and groups providing end-of-life information may lack the cultural competency to serve these groups. Services located in urban centres are often beyond the reach of those living in remote communities. Digital resources, a rising trend in healthcare, can be challenging to access by those without the necessary devices or experience using them or when internet connection speeds are slow or intermittent.

You can help improve the overall fairness in end-of-life care by advocating more generally for healthcare and the rights of seniors and people with disabilities. This might include joining public campaigns or voting for political candidates who support these issues. You can also volunteer with or donate to local hospice societies that support medically assisted dying and offer free or reduced-cost services.

Action: Ask your elected representatives what they are doing to ensure justice in healthcare.

Palliative Care

If you are suffering from a terminal illness and require support beyond what's available in your home, you may opt for long-term or palliative care. Facilities providing these services have staff that give 24-hour supervision and care to patients.

BC has many such facilities, but high demand can make your first choice unavailable. Under the current system, you can request your top three preferences. However, you may be offered an interim bed if those facilities are unavailable. You have the right to decline a bed, and you won't go to the bottom of the availability list, but you may be required to pay for additional time in the hospital or face reduced support at home.

The Canadian Virtual Hospice website is a helpful resource for all things related to hospice and palliative care.[20] This website provides one-on-one support for people with serious or terminal illnesses and their loved ones. You can also submit questions to social workers, physicians, spiritual advisors, and other professionals via the "Ask a Professional" page. Note that you will have to provide an email address.

Articles on the Virtual Hospice site discuss many topics. You can read about nutrition or what to expect with certain illnesses and medications. Other articles discuss the importance of communication, decision-making, emotions, and spirituality (often relevant to non-religious people too).

As with all healthcare in BC, Provincial Language Service translators are available at no cost to you and your healthcare team anytime, in person or via telehealth.[21] You or your loved one must fully understand the information doctors and nurses give, so a professional translator from this service may be better than a family member or friend.

Action: Ask your representatives to end funding for religious healthcare institutions that refuse to help patients seeking medical assistance in dying.

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Death during Crises

While death has always been a normal part of life, events during the past few years have made the topic almost inescapable. The COVID-19 pandemic, the toxic drug supply, and the devastating impacts of climate change have changed how we think and interact with death. Each crisis challenges how we confront mortality and how we commemorate the loss of loved ones.

COVID-19

The COVID-19 pandemic has impacted all aspects of society. It's led to many deaths, particularly among older people, and many others have developed severe and long-term illnesses. By official counts, over 49,000 Canadians lost their lives to COVID-19 between the start of the pandemic in early 2020 and January 2023.[1] Almost 5,000 of those deaths were in British Columbia.[2] Despite widespread vaccinations, around 2,473 British Columbians died in 2022, which is more than the totals for 2021 (1,522) and 2020 (901) combined.[3] The pandemic and its associated sickness and death are still with us.

Initially, people and governments took collective action to protect the most vulnerable in our society. We reoriented our lives and deaths to accommodate stringent restrictions on gatherings. These restrictions changed the way we plan for, experience, and grieve a loved one's death. Advance care planning workshops went online, a convenient adaptation that presented a barrier to seniors lacking computer access or skills. Travel and visitation restrictions prevented some family and friends from gathering to

say goodbye to a loved one. It prevented others from participating directly in a handmade legacy project or attending a funeral or memorial. These restrictions forced us to reimagine what it means to have “a good death.”

Many options became available to help us connect despite constraints and to give and receive love and support. Some found preparing a virtual home-cooked meal or sending take-out from a favourite restaurant significant. People exchanged audio and video messages, letters, cards, and mementos to keep in touch during the dying process. Video chats on Zoom or FaceTime gained popularity. (These work best when the communication device is positioned on a hospital tray or held by someone nearby.) Services like Amazon Echo, Alexa, or Google Home were also instructed to call a loved one without additional assistance. Those without reliable internet connections bought data packages or “internet sticks” for their cellular telephones, available from all major telephone providers. These adaptations continued even as the initial pandemic restrictions eased and are likely to remain.

Memorializing someone from a distance became possible, particularly for non-religious people who need not participate in any specific religious tradition or rite. Memorials, burials, funerals, or other services can be live-streamed on YouTube, Facebook, or Instagram or held later when loved ones can gather.

In 2021, people lined up in droves to get vaccinated, hoping to end the pandemic. Unfortunately, the virus evolved and repeated waves of infection driven by new variants reminded us that the virus will be with us for a long time. Most jurisdictions in the

English-speaking world, including British Columbia, have now dropped broad social restrictions and begun emphasizing personal responsibility to minimize infections. This places a particular burden on the immunocompromised and others at risk of serious illness. If you're planning your end-of-life rituals, it's reasonable to consider the health of those who attend and to request precautions to reduce the transmission of infectious diseases. For example, you might encourage social distancing, wearing masks, and even holding events outdoors.

Reflection: Will you change your end-of-life plans to protect those at greater risk of COVID-19?

Toxic Drug Crisis

In 2016, the Government of British Columbia declared a public health emergency over the toxic drug crisis.[4] Since then, over 12,000 people have lost their lives to illicit drugs.[5] Illicit drug toxicity is now the leading cause of death for people 10-59.[6] The crisis affects people across the province and in all walks of life.

These deaths can be unexpected, making them particularly difficult. Many of those who died were younger men. Given the toxicity of the drug supply, even first-time drug users can suffer an overdose.

Humanism rejects the moralistic framework that underpins the War on Drugs and abstinence-only remedies. Instead, compassion and the best available evidence drive the humanist response. Therefore, humanists have joined calls for policy changes to em-

phasize harm reduction and to end the criminalization of people who use drugs. We can only alleviate the crisis by using inclusive and evidence-based treatments and by providing a safe supply of drugs for those who use them. And most importantly, we need to treat the underlying issues that drive people to use drugs, such as poverty, social inequality, and a lack of access to mental health treatments.

Strong relationships with close family and friends can help us notice possible dangerous substance use. Have a naloxone kit on hand and know how to use it.[7] Check in regularly with your friends. And start conversations about advance care planning for yourself and those around you.

Action: Learn how to administer naloxone.

Climate Change

As supporters of science and the responsible use of technology, many humanists are deeply concerned about the impacts of anthropogenic climate change on our planet. This concern extends to the climate impacts of our practices around death.

Presently, in British Columbia, the remains of a deceased person may only be cremated or buried in a recognized cemetery.[8] Both options have severe environmental impacts. Cremation typically requires burning fossil fuels at high temperatures to incinerate the body. This often releases hazardous gases into the atmosphere. Conversely, cemeteries can occupy significant amounts of land, former natural habitat, covered with lawns and

ornamental plants that require considerable irrigation, fertilizer, and maintenance with internal combustion equipment.

A green burial involves placing a body – without embalming – directly into the earth and allowing it to decompose naturally. The Green Burial Society of Canada maintains a list of accredited green burial cemeteries in Canada, including several in BC.[9]

Another option gaining popularity is water cremation.[10] This chemical process breaks down bodily remains into a liquid and ash, which can be safely disposed of in municipal waste treatment facilities. The ash, however, can be dried in a kiln and preserved for the survivors. The process is approved in a growing number of states and provinces but is not yet permitted in BC. It can be used for pet cremation, however. If you support expanding this option, you can ask your provincial representative to change the law.

Finally, one hidden environmental cost of memorials is the travel involved for friends and relatives who may live long distances away. Providing virtual options to attend or creating opportunities for people to gather in multiple locations can reduce the impact of long-distance travel.

Reflection: Will your death plans take into consideration their environmental impact?

1. These numbers are likely underestimates as testing was severely reduced in December 2021. Current data available at Government of Canada. (2023, January 9). “Latest COVID-19 numbers.” In COVID-19

- epidemiology update: Key updates. Available at https://health-infobase.canada.ca/covid-19/?stat=num&measure=deaths_total&map=pt#a2
2. Latest data from BC Centre for Disease Control (BCCDC). (2023, January 5). “British Columbia COVID-19 Dashboard.” Available at <https://experience.arcgis.com/experience/a6f23959a8b14bfa989e3cda29297ded> Note that in April 2022, BC changed how it would count deaths due to COVID-19. Ministry of Health. (2022, April 7). “B.C. shifts to weekly COVID-19 data reporting.” Available at <https://news.gov.bc.ca/releases/2022HLTH0116-000522>
 3. Data taken from CSV download available at Government of Canada. (2023, January 9). “National and regional trends.” In COVID-19 epidemiology update: Current situation. Available at https://health-infobase.canada.ca/covid-19/current-situation.html?stat=num&measure=deaths_total&map=pt#a2
 4. Ministry of Health. (2016, April 14). “Provincial health officer declares public health emergency.” Available at <https://news.gov.bc.ca/releases/2016HLTH0026-000568>
 5. BC Coroners Service. (2022, November 30). “At least 179 lives lost to toxic drugs in B.C. in October 2022.” Available at <https://news.gov.bc.ca/releases/2022PSSG0073-001816>
 6. CBC News (2023, June 19) “Death toll for toxic drugs in B.C. surpasses 1,000 in first 5 months of the year.” Available at <https://www.cbc.ca/news/canada/british-columbia/toxic-drug-deaths-bc-1000-2023-numbers-coroners-service-1.6881561>
 7. See, e.g., Toward the Heart. (n.d.). Training & Resources. Available at <https://towardtheheart.com/naloxone-training>
 8. *Cremation, Internment and Funeral Services Act*, SBC 2004, c 35, s 4. Available at <https://www.bclaws.gov.bc.ca/civix/document/id/complete/>

statreg/04035_01#section4

9. Green Burial Society of Canada. (n.d.). "British Columbia." Available at <http://www.greenburialcanada.ca/britishcolumbia>
10. This process is also known as aquamation, alkaline hydrolysis, and resomation.

Resources

These resources can be found by searching the title on the internet. You will find a website, a downloadable PDF, a video, or information on obtaining a paper copy.

The Humanist Perspective on Death

Copson, A., & Roberts, A. (2022). *The Little Book of Humanism: Universal lessons on finding purpose, meaning and joy*. Piatkus.

This book provides “universal lessons on finding purpose, meaning and joy” and a collection of poems and passages that acknowledge death and grief.

Baggini, J., & Pym, M. (2005). End of life: The humanist view. *The Lancet*, 366(9492), 1235–1237. [https://doi.org/10.1016/S0140-6736\(05\)67486-7](https://doi.org/10.1016/S0140-6736(05)67486-7)

This article describes the humanist view of death, its meaning and impact on our lives, and the importance of respecting our values—open access with free account.

Cave, P. (2012). *Death, Dying and Meaning*. British Humanist Association. <https://humanists.uk/wp-content/uploads/death-dying-and-meaning-trainer-course-book.pdf>

A broad philosophical, existential discussion of death and dying.

Sackett, M. (Director). (2020, January 23). Patty (s4e12). In *The Good Place* and Schur, M. (Director). (2020, January 30). Whenever you're ready (s4e13). In *The Good Place*.

The episodes ask, "What's wrong with the idea of 'a good place'?" Featuring moral philosophers Todd May and Pamela Hieronymi.

Mental Wellbeing & Emotional Support

Note: Most emotional support for people at the end of their life comes through hospices or with referrals from doctors. Information on emotional support in grief and loss is available in our guide:

Burk, S. (2020). *Memorials & Grief: A Guide for Humanists and Non-Religious People in BC*. BC Humanist Association. https://www.bchumanist.ca/memorials_grief_a_guide_for_humanists

Savage, D. (2018). *Non-Religious Pastoral Care: A Practical Guide*. Routledge.

An in-depth discussion of non-religious pastoral care, including beliefs and values, best practices, death, rituals, and memorials. Available through many libraries and online through institutions with access to Taylor & Francis e-books.

National Defence. (2022, June 13). *The CAF introduces first-ever humanist chaplain*. Government of Canada. <https://www.canada->

da.ca/en/department-national-defence/maple-leaf/defence/2022/06/caf-introduces-humanist-chaplain.html

This article profiles and celebrates the Canadian Armed Force's first Humanist chaplain, Captain Marie-Claire Khadij.

Nolan, S. (2019, February 16). Non-religious pastoral care: A practical guide. *Practical Theology*, 12(1), 1–3. <https://doi.org/10.1080/1756073X.2019.1581430>

A helpful summary of “Non-religious pastoral care: a practical guide.” This article is available at <https://tinyurl.com/BCHAGuide> (distribution permission granted).

Sherwood, H. (2018, April 9). NHS appoints humanist to lead chaplaincy team. *The Guardian*. <https://www.theguardian.com/society/2018/apr/09/nhs-appoints-humanist-to-lead-chaplaincy-team-lindsay-van-dijk>

A newspaper article about a Humanist's appointment to the National Health Service (UK) chaplaincy team.

Planning for Death

End of Life Doula Association of Canada. <https://endoflife-doulaassociation.org/>

This website helps you connect with an end-of-life doula who empowers and educates their clients and advocates for dignified end-of-life care.

Dennis, J. (2011, May 10). *Honoring Life by Creating a “Sacred Space” for Its Final Days*. HuffPost. https://www.huffpost.com/entry/end-of-life-care_b_853829

In this article, a hospice director offers advice on creating a space for someone’s final days.

Allen, R. S., Hilgeman, M. M., Ege, M. A., Shuster, J. L., & Burzio, L. D. (2008). Legacy Activities as Interventions Approaching the End of Life. *Journal of Palliative Medicine*, 11(7), 1029–1038. <https://doi.org/10.1089/jpm.2007.0294>

The article investigates the benefits of legacy projects on caregiver stress and family communication. It questions patients and caregivers and offers tips on choosing a legacy project. However, the study did not include non-religious people.

Kirby, K. (2019). *Legacy Idea Book*. Rainbow Hospice and Palliative Care. <https://rainbowhospice.org/wp-content/uploads/2019/05/Legacy-Idea-Book-Newsletter.pdf>

This book describes the benefits of creating a legacy project and suggests various options, complete with samples—a fantastic resource for conducting a life interview.

Advance Care Planning

Ministry of Health. (2020). *My Voice: Expressing my wishes for future health care treatment. Advance care planning guide*. Government of British Columbia. <https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning>

Access to the provincial advance care planning guide and ACP resources for each health authority in BC. Educational programs, support, and options may vary by location, so start within your jurisdiction. Available in multiple languages.

Ovenell, Christa. *Death's Apprentice*. <https://deathsapprentice.ca>

Get access to the services of an advance care planning specialist, death educator, and funeral director/embalmer who provides practical education on end-of-life issues. One-on-one consultation and group education sessions are available.

Willow End of Life Education & Planning. <https://www.willoweol.com>

Offers a spectrum of end-of-life education and planning tools, including do-it-yourself resources and certified educators.

Dying With Dignity Canada. (2022, January 12). *Advance Care Planning Kit*. <https://www.dyingwithdignity.ca/education-resources/advance-care-planning-kit/>

Provides practical, province-specific information on creating an Advance Directive and Representative Agreement from the well-known end-of-life and medical assistance in dying advocacy organization.

Canadian Hospice Palliative Care Association. *Advance Care Planning in Canada*. <https://www.advancecareplanning.ca/>

This website provides a list of advance care planning resources in Canada. It also includes an interactive online workbook to complete a comprehensive advance care plan.

Coda Alliance. (2016). *Go Wish*. <https://codaalliance.org/go-wish/>

A simple, positive card game to consider your wishes if you require medical care and can no longer speak for yourself.

Shore, R. (2015, April 30). Body donors provide service that carries on long after death. *The Vancouver Sun*. <https://vancouversun.com/news/metro/body-donors-provide-service-that-carries-on-long-after-death>

An article about medical professionals and medical students discussing the value of body donors and the respect they demonstrate for their donors.

NHS Organ Donation. *A Humanist perspective on organ donation*. <https://www.organdonation.nhs.uk/helping-you-to-decide/your-faith-and-beliefs/humanism/>

An article explaining humanist values and support for organ donation.

Humanists UK. (2020, September 7). Humanists UK celebrates Organ Donation Week and new organ donation laws. <https://humanists.uk/2020/09/07/humanists-uk-celebrates-organ-donation-week-and-new-organ-donation-laws/>

A description of the new humanist-supported laws on opt-out organ donation in the UK and their importance.

Healthcare Issues

Green, S. (2022). *This Is Assisted Dying*. Simon & Shuster.

This book is available in paperback, e-book (all platforms), and audiobook.

Interior Health. (2023). *Palliative Journey Resource Guide*. <https://www.interiorhealth.ca/sites/default/files/PDFS/palliative-journey-resource-guide.pdf>

A great introduction to existing palliative care services and end-of-life stages, including immediately following death. (This guide does not discuss MAID.)

Savoie, Y. (2016, March 1). Medical assistance in dying: A response to the recent report. *MS Society of Canada*. <https://blog.mssociety.ca/2016/03/medical-assistance-in-dying-a-response-to-the-recent-report/>

A statement by the Multiple Sclerosis Society of Canada supporting access to medical assistance in dying and healthcare support for people with terminal and non-terminal illnesses.

Patient Care Quality Review Boards. *Make a Complaint*.
<https://www.patientcarequalityreviewboard.ca/makecomplaint.html>

Instructions on making a complaint about healthcare services in your region.

Krauss, D. (Director). (2016). *Extremis*. <https://www.netflix.com/ca/title/80106307>

A unique look at end-of-life from inside the medical system.

Epstein, R., & Friedman, J. (Directors). (2018). *End Game*.
<https://www.netflix.com/ca/title/80210691>

A real-life discussion of end-of-life and death as a taboo by terminally ill people and palliative care doctors.

BC Humanist Association. (2020, February 26). *Don't stop with Delta Hospice*. https://www.bchumanist.ca/don_t_stop_with_delta_hospice_humanists_urge_health_minister_to_stand_up_for_patients_rights

A statement by the BC Humanist Association on withholding public funding from hospices that refuse MAID services.

Canadian Virtual Hospice. <https://www.virtualhospice.ca/>

A diverse resource that discusses many relevant concerns. The website provides opportunities to ask palliative care professionals your questions. For more about access to spiritual support for non-religious people, see: <https://tinyurl.com/BCHAguide>.

HealthLinkBC. (2021, October 18). *Hospice Palliative Care*. <https://www.healthlinkbc.ca/more/aging-well/hospice-palliative-care>

Helpful information for choosing and accessing hospice palliative care services in your community.

HealthLinkBC. (2023, January 18). *Care at the End of Life*. <https://www.healthlinkbc.ca/more/aging-well/care-end-life>

Assistance to help you decide whether home-based end-of-life care is right for you and how to access it.

Government of Canada. (2021). *Canada's New Medical Assistance in Dying Law*. https://www.justice.gc.ca/eng/cj-jp/ad-am/docs/MAID_Infographic_EN.pdf

Clear and concise descriptions of the new laws (March 2021) on medical assistance in dying. Outlines eligibility and next steps.

Bridge C-14. <https://www.bridgec14.org>

This website provides “a network of peer-to-peer connections and community supports through all stages of medical assistance in dying.”
<https://www.bridgec14.org/>

MAID Family Support. <https://maidfamilysupport.ca/>

This website strives “to provide compassionate ‘lived experience,’ support and connection to family members and friends as they help their loved one who is considering or planning for Medical Assistance in Dying (MAID).” <https://maidfamilysupport.ca/>

Death during crises

Humanists UK. (2020, June 23). Humanist national memorial ceremony for those experiencing loss. <https://humanists.uk/2020/06/23/humanist-national-memorial-ceremony/>

A video commemoration of the victims of COVID-19 by humanist chaplains and celebrants in the UK.

Cann, C. K., Hebb, M., Devine, M., Forneret, A., Gilbert, A., Williams, L., Gailing, S., Perez-Protto, S., & Adwish, R. (Eds.). (2020). *Death, Grief and Funerals in the COVID Age* (Vol. 4). The Virtual Funeral Collective. <https://www.covidpaper.org/download>

A “one-stop-shop” for people navigating COVID-19 death, grief, and end-of-life planning. It is updated regularly.

The Order of the Good Death. (2020, April 8). *Covid-19 Toolkit*.
it. <https://www.orderofthegooddeath.com/article/covid-19-toolkit/>

A helpful guide. It is updated frequently.



About the Publisher

The BC Humanist Association has been providing a community and voice for Humanists, atheists, agnostics, and the non-religious of British Columbia for over 30 years. We support the growth of Humanist communities across BC, provide Humanist ceremonies, and campaign for progressive and secular values.

Our work is made possible through the support of our members and individual supporters. Become a member at www.bchumanist.ca/join or make a donation at www.bchumanist.ca/donate.

We acknowledge that the BC Humanist Association is based on unceded Coast Salish territory, including the lands belonging to the x^wməθk^wəyəm (Musqueam), Sk̓wx̓wú7mesh (Squamish) and səfilwətaʔɬ (Tsleil-Waututh) nations. And that our work in this province spans the territories of more than 200 First Nations, as well as Métis and Inuit communities.