



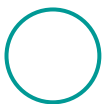
Canadian Conference  
of Catholic Bishops

## Horizons of Hope

A Toolkit for Catholic Parishes  
on Palliative Care

### MODULE 04

Supporting  
and integrating  
within the wider  
community





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## **MODULE 04**

# Supporting and integrating within the wider community

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# Tips for the facilitator



Module 4 focuses on the **community's vital role** in supporting ill and dying patients and their caregivers. It identifies accompaniment and advocacy as crucial responsibilities of community members. Participants will reflect on the proclamation of a Gospel narrative and hear presentations by theological, medical, community experts.

This module has three **New Information Sections: Theological, Medical and Community Perspectives**. Each of these sections requires 45 minutes to complete. It may be helpful to schedule the module over a more extended period or break it into two sessions to give each section priority.

## Helpful materials

Depending on the group and the availability of resources, the following items may be of assistance.



Holy Bible  
(New Revised Standard Version)



Paper for taking notes



Laptop



Flip chart/whiteboard/chalkboard



Projector



Masking tape



Speakers



Markers



Screen



Participants are encouraged to bring notebooks/paper/journals for recording their insights and thoughts during the session



Pencils or pens



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# Norms for conversation



Throughout the module, there will be many opportunities for table discussions. The sensitive nature of the topic “end-of-life” requires that facilitators be especially attentive to the possibility that some discussions may become emotionally charged and difficult. It is always helpful to identify, with the participants, some norms for conversation at the beginning of each session. These may include:

- All participants will be given an opportunity to speak in the group; some may choose not to. The group will respect the person’s decision.
- One person speaks at a time.
- Participants, if they choose, may respond to the speaker in a helpful but non-judgmental/non-confrontational way.
- Respect each other and commit to confidentiality to promote trust.
- Sometimes a person requires more time to tell their story than is allotted in the discussion. The facilitator will gently redirect the person so that he or she may speak one on one with another person during a break or after the session

**NOTE:** These norms may be projected on the screen, printed and posted on the wall, placed on the tables or written on a whiteboard. **See Appendix 1 in the Facilitator’s Guide.**



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## PART 1

# Experience

*You shall love the Lord your God with all your heart,  
and with all your soul, and with all your strength, and  
with all your mind; and your neighbor as yourself.*

Luke 10:27

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# Part 1: Experience

🕒 25 minutes



## 1. Preparing our hearts

As Christians, we look to the Gospel to guide us, inspire us and help us to grow in our relationship with Jesus. When we reflect on the Gospel stories, they help us understand the experiences we are going through in our lives. Let us quiet ourselves to hear the Word of God.



## 2. Proclamation of the Word of God

🕒 2 minutes

**Proclaim the Scripture** passage **Luke 10:30-37**, aloud.  
Please use a bible or lectionary for this proclamation.



## 3. Guided personal reflection

🕒 10 minutes

**Invite participants** to take a few minutes in silence to respond to some guiding questions *individually* in their journals/notebooks. The guiding questions may be projected on the screen, printed and posted on the wall, placed on the tables or written on a whiteboard. [See Appendix I](#) for a copy of the guiding questions.

### Guiding questions:

1. The Samaritan knew where to find resources to assist the man who had been beaten. Where would you go to find resources to help your neighbour?
2. Who is your neighbour? How can you show them mercy even in times of disagreement and conflict?
3. What kind of care are we called to give our neighbour?
4. How does your community (parish, neighbourhood, local schools, etc.) reach out to care for its neighbours, especially those who are sick and dying? Share some examples.



## 4. Table conversations

🕒 10 minutes

This is an opportunity for individuals to have conversations in small groups to share their responses to the guiding questions.

**Ask the participants** to share **a word, a phrase or an image** from the Gospel that struck them or reminded them or spoke to their lived experience.

**NOTE:** Participants may wish to tell their own stories very briefly in this context: allow for this, but monitor the tables to ensure that everyone has an opportunity to speak if they wish.

Depending on the number of participants, the facilitator may circulate to each table and listen to the conversations to identify common themes in the discussion. If there is only one table group, the facilitator could join the group as an interested listener.



## 5. Large group focus

🕒 3 minutes

**Gather the participants** together in a large group. The facilitator brings the *experience* portion to a close by identifying one or two points they heard during the table discussions.

**Wrap up** by introducing the next section of the module.



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## PART 2

# New information

*Human beings are so made that they cannot live, develop and find fulfillment except in the sincerest gift of self to others...*

*No one can experience the true beauty of life without relating to others, without having real faces to love.*

Pope Francis, *Fratelli Tutti*, 87

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# Part 2: New information

## Section A: Theological and Ethical Perspective

🕒 45 minutes



### 1. Video – Theological and ethical reflection on supporting and integrating loved ones within the wider community

🕒 5 minutes

**Note to Facilitator:** This video can be viewed on YouTube at <https://youtu.be/hlzMMw86jxo>. For direct download of the video files, visit [cccb.ca](http://cccb.ca). To help you become familiar with the core content of the video, we have included the script below. See [Appendix 2](#) for a take-home version of the script.

This video focuses on the Christian call to accompany the dying person and his or her caregiver. It will answer questions such as:

1. What is the role of the Christian community in supporting dying persons and their caregivers?
2. How can my parish be engaged in corporal works of mercy with people in need?
3. Why are relationships critical to our well-being?





## Video script – Theological and ethical reflection

Members of a parish community cherish the feeling of gathering in their Church as members of the Body of Christ. As a community of faith, we are drawn together by our shared belief in Jesus Christ. At the parish, we are nourished and spiritually fed by the Eucharist, the Liturgy of the Word, and in the community where we gather. At the end of Mass, we are ‘sent forth,’ told to ‘go in peace!’ This is not just a signal to pack up and go home until next time: instead, it is our mission every day. We are called to live the Gospel in our communities and witness it in our families, workplaces, and in the wider society.

On the one hand, a parish community builds itself up internally seeking to grow spiritually. On the other hand, the parish community is often external, whereby parishioners provide support for people outside their immediate circle. Some parish groups are part of larger groups that contribute to the spiritual, political, and social good.

The Church has long emphasized the importance of caring for people at the end-of-life. We remember Saint Fabiola from the early Church, who founded one of the first hospitals in Rome; Saint Vincent de Paul, who is revered for his selfless dedication to the poor, or the three Augustinian sisters who opened the first hospital here in Canada, the Hotel-Dieu.

The Church has always encouraged us to perform the ‘corporal works of mercy,’ following Jesus’ words: “for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.” (Matt. 25:35–36) This inspires us to offer accompaniment in many forms in solidarity with people at any difficult stage of life, including the end-of-life. The experience of people at the end-of-life is often a difficult one. The ill person can often be reluctant to ask for help because of concerns of being a burden. This self-perceived burden may create a sense of isolation from others, feelings of loneliness and despair, a sense of being disconnected from the rest of society. It can lead to the inability of both the dying person and the caregivers to have meaningful conversations. The dying person may distance themselves from others to reduce the perceived burden that they feel they are causing.

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Sometimes the desire not to become a burden to others has the dying person become more focused on “keeping a positive outlook” when, more deeply, they may be scared of what is to come. They may not want to express their feelings for fear it would make it too difficult for those around them to cope with their illness. This situation can also result in the patient expressing their wish to die, stop treatment, or even request euthanasia. Often, when we need help the most, it’s most difficult to ask.

While these are not unusual or abnormal feelings, they are often challenging to cope with. We see an example of what a response might look like in the Parable of the Good Samaritan. Both a Levite and a Priest did not stop to help the injured and suffering man lying on the side of the road after being beaten and robbed. We can imagine that he was crying out for help. There is no explanation given in the story for why this occurred. Finally, a Samaritan traveller came upon the half-dead man and, moved by compassion, bandaged his wounds. In this instance, we see several things. The injured man needed help and was willing to take help from anyone, including a Samaritan. The Samaritan, too, was ready to put himself at risk in attending to an injured person who was considered unclean. However, the Samaritan, perhaps realizing that he could not continue to provide care, took the man to an innkeeper and asked for his help, saying that he would be back to pay for the care. This is significant in laying out what a compassionate response might look like and accepting the reality that we are not expected to “go it alone.”

This parable challenges us to consider what we as individuals and as part of a community of believers might do in responding to someone who needs our help. A concrete way we can respond is by deciding to join others in advocating for greater access to palliative care and end-of-life care to provide dignified surroundings for our loved ones as they confront serious illness.

By our presence and concern for those at the end-of-life, we can be present to help them with feelings of loneliness, hopelessness, abandonment, and grief. As members of the Body of Christ, we are called to pray for the sick, help them in spiritual and practical ways. We can assure them that they are not alone. The Sacrament of the Anointing Sick is a concrete way that the Church nourishes us and imparts special grace in serious illness and at the end-of-life. It is important that a Parish community continue to accompany

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caregivers and family members in the grieving process after the loved one's death, consoling them and helping them find further counselling where that would be helpful.



## 2. Application to my life: Theological and ethical perspective

🕒 10 minutes

### Silent Individual Reflection

Following the instructional video, participants will have an opportunity to consider the *theological/ethical* content of the video.

**Invite participants** to respond to some guiding questions *individually*.

The guiding questions may be projected on the screen, printed and posted on the wall, placed on the tables or written on a whiteboard. See [Appendix 3](#) for a copy of the guiding questions.)

### Guiding Questions:

1. How would you describe what it means to be a member of the Body of Christ?
2. As an active part of the Body of Christ, how can you concretely help when there are people who require assistance?  
(ex. Gifts, charisms, expertise, time)
3. What are some ways, big or small, that your parish community already reaches out to the sick and dying?
4. How can you work with others in your parish community to reach out in new ways to support the sick and dying?



### 3. Table conversations

🕒 20 minutes

This is an opportunity for individuals to have conversations in small groups to share their responses to the guiding questions.

**Review the Norms for Conversation:** Participants may wish to tell their own stories very briefly in this context: allow for this, but monitor the tables to ensure that the focus is maintained so everyone has an opportunity to speak if they wish.

**Provide a time frame** in which the table conversations will take place.

Depending on the number of participants, the facilitator may circulate to each table and listen to the conversations to identify common themes in the discussion. If there is only one table group, the facilitator should join the group as an interested listener.



### 4. Large group focus

🕒 5 minutes

**Gather the participants** together into a large group. The facilitator will bring the *theological* portion to a close by identifying one or two points they heard during the table discussions.

**Wrap up** by introducing the next section of the module.

### 5. Break

🕒 10 minutes

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## Section B: Medical perspective

🕒 45 minutes



### 1. Video – Medical perspective on supporting and integrating loved ones within the wider community

🕒 5 minutes

**NOTE TO FACILITATOR:** This video can be viewed on YouTube at <https://youtu.be/coqO6PFwJcY>. For direct download of the video files, visit [cccb.ca](http://cccb.ca). To help you become familiar with the core content of this video, we have included the script below. See **Appendix 4** for a take-home version of the script.

This video will introduce participants to medical questions about palliative care. Topics to be explored include these:

1. the experience of journeying with someone who is ill and dying;
2. recognizing the signs of grief and finding resources to support the bereaved;
3. the need for advocacy for palliative care.



## **Video script – Medical perspective**

### **Accompaniment and Advocacy**

As we have discussed in the previous modules, being with someone who is seriously ill or dying is a privilege. It can bring joy and fulfillment to both that person and yourself. The action of being present with someone can extend outside your close circle to your community, which can include neighbours, friends, co-workers and fellow parishioners. Being there and caring for others is what communities have done for thousands of years.

Being present with someone who is dealing with a serious illness, dying, caregiving or grieving is generally the same. It can include just sitting there with the person, listening to what they have to share, reflecting on fond memories, things that have brought them joy, and may include helping them with some tasks. This act of being present, while not necessarily easy, has been documented to have a positive impact on both the person and yourself.

And don't forget to look after yourself as well. When holding vigil for many hours and days, it can be exhausting and you can get so tired that you cannot provide care or be present when it really matters. So take breaks, often. If there are other members of the family or friends, take turns holding vigil.

Remember, these tips for being present can apply in different settings and with a loved one or your broader community.

### **Grief and Bereavement**

Losing someone is painful and difficult. The hurting, or grieving as we refer to it, usually starts before the person dies. It is the pain of seeing a loved one leaving us, not being able to do things we wanted to with the person, thinking of life without the person, among others. Speak to a close friend, or even your family doctor, nurse or counsellor, if you are having these feelings and they are stopping you from being able to function and do what you need to do in your everyday life.

The hurt will increase when the person dies. It is normal to feel the hurt; don't hesitate to share with friends and caregivers the hurt you are feeling.

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Keeping it bottled up inside is not helpful and will harm you more in the future. It is often said that grieving does not go away, it just becomes easier to live with. You will experience increased feelings of loss on days and events that remind you of the person: their birthday, Easter or Christmas, an anniversary. Sometimes you will feel the person's presence or even seem to see them. This is normal.

For some people, the grieving can be very difficult – so difficult that it stops them from being able to carry on with living, with work, caring for themselves, caring for others, being with others in the family. If you are feeling like this, do not hesitate to ask for help. Speak to your family doctor, nurse or counsellor, or call a help line or your local hospice for advice. It is not a sign of weakness. Even the strongest of people feel loss.

Research shows that some people are at even higher risk of experiencing very severe grieving. This includes situations where the loss is of someone much younger than you—a child or younger sibling, for example—or it was a sudden, unexpected loss, or it was the loss of someone you depended on a lot. Don't hesitate to look for help.

## **Advocacy**

Over the last four modules, we have shared many things about living and dying with serious illnesses and the role of palliative care. While today there are many more palliative care services – like hospices, palliative care units and palliative care teams in hospitals, the community and long-term care – than there were a decade or two ago, there are still many gaps and services lacking in many parts of the country.

Many parts of the country do not have enough positions for palliative care doctors, nurses and other key professionals like social workers and spiritual care providers and recreational therapists. There are large communities that do not even yet have palliative care units, or the funding for these units is being scaled back and they are being reduced in size or being shut down.

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There are many communities that do not have hospices, and in many provinces, hospices still rely mostly on charity and fundraising. There are many communities that do not have access to palliative care specialists or to family doctors who are able to provide palliative care.

Most medical and nursing schools provide too little palliative care training, if any at all, even though access to palliative care is a human right, as declared by the World Health Assembly in 2014, which Canada is a part of.

There are education programs, such as Pallium Canada's courses, that have been developed by Canadians, for Canadians, and are available across the country, but require ongoing funding to reach out to more doctors, nurses, social workers and other health professionals and students.

Become a champion and an advocate for more palliative care in our country. All Canadians should have access to palliative care: research shows that while it is good in some regions, it is lacking in many others; in fact, in some regions, less than 30% of people have access to it when they need it. Support any provincial or federal legislation that supports palliative care. Write to your local, provincial or federal elected officials. Ask them what support they are putting into local, provincial and federal palliative care initiatives. Remind them that most provincial governments and the federal government have identified the need for more and better palliative care. Now it's time for action.

Thank you very much and God bless.





## 2. Application to my life: Medical perspective

🕒 10 minutes

### Silent Individual Reflection

Following the instructional video, participants will have an opportunity to consider the *medical* video content.

**Invite participants** to respond to some guiding questions *individually*. The guiding questions may be projected on the screen, printed and posted on the wall, placed on the tables or written on a whiteboard. See [Appendix 5](#) for a copy of the guiding questions.

Let's reflect upon what you have heard about the process and signs of dying and death in the video we have just watched. Here are some questions to help us reflect on this:

### Guiding Questions:

1. How can journeying with someone who is dying bring joy and fulfillment to both that person and you?
2. How can you support those who are experiencing grief after the death of a loved one? What resources might you seek to assist you and the bereaved through their grief?
3. How can you become a champion for palliative care in your local community, parish and family?



### 3. Table conversations

🕒 20 minutes

This is an opportunity for individuals to have conversations in small groups to share their responses to the guiding questions.

**Review the Norms for Conversation.** Participants may wish to tell their own stories very briefly in this context: allow for this, but monitor the tables to ensure that the focus is maintained so everyone has an opportunity to speak if they wish.

**Provide participants** with a time frame in which the table conversations will take place.

Depending on the number of participants, the facilitator may circulate to each table and listen to the conversation to identify common themes in the discussion. If there is only one table group, the facilitator should join the group as an interested listener. Provide participants with a time frame in which the table conversations will take place.



### 4. Large group focus

🕒 5 minutes

**Gather the participants** together into a large group. The facilitator can bring the *medical* portion to closure by identifying one or two points they heard during the table discussions.

**Wrap up** by introducing the next section of the module.

### 5. Break

🕒 10 minutes

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## Section C: Community perspective

🕒 45 minutes

### 6. Video – Community perspective on supporting and integrating loved ones within the wider community

🕒 5 minutes

**NOTE TO FACILITATOR:** This video can be viewed on YouTube at <https://youtu.be/-BdQO-FNgKk>. For direct download of the video files, visit [cccb.ca](http://cccb.ca). To help you become familiar with the core content of this video, we have included the script below. See [Appendix 6](#) for a take-home version of the script.

This video will introduce participants to the important contribution community members (family, friends, parishioners, neighbourhoods) in supporting those in palliative care. Topics to be explored include:

1. Dr. Scott Murray's 4-dimensional experience of dying which, in addition to the physical dimension, includes social, psychological and spiritual dimensions;
2. The invaluable role of the wider community, neighbours, parishioners, friends and family in supporting the person who is dying and his or her caregivers.

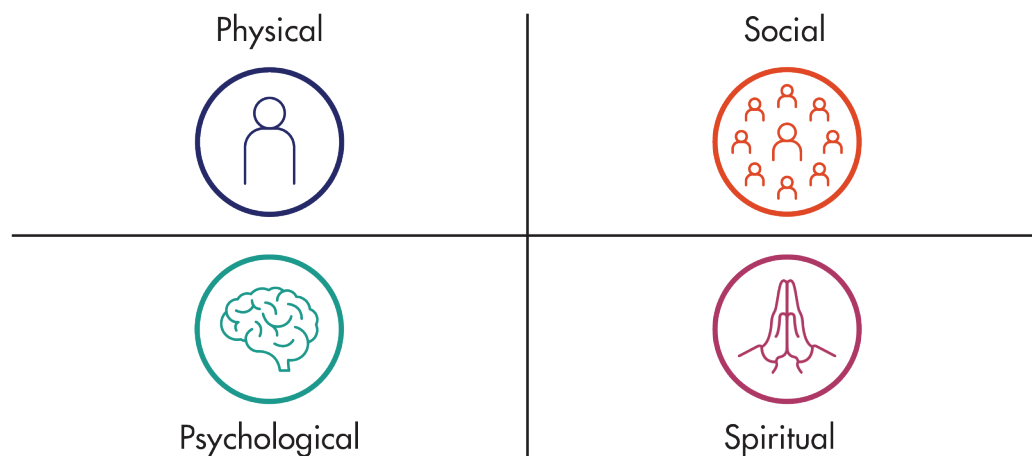
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## Video Script – Community Perspective

*“Dying is not fundamentally a medical event, but rather a social event that happens in the family and the community.”* This quote from Dr. Mary Lou Kelley reminds us that community involvement is an essential aspect of end-of-life. During this time, it is a chance for people to visit with the dying and the people caring for them, support the end-of-life team with food, groceries, supplies, prayer and care for others in the family, such as children and pets. This support is necessary throughout the dying process. Accompanying the bereaved is equally important after a person has died, so keep checking in with caregivers and family regularly (especially during the first year after the death, with all the firsts that family members will go through).

As we experienced during the Covid-19 pandemic, we could not connect and support the sick and dying with in-person visits. We needed to find creative ways to connect. The use of technology made it possible to support caregivers, the dying, and those grieving by using online video conferencing resources.

### But dying is a ... 4-dimensional experience



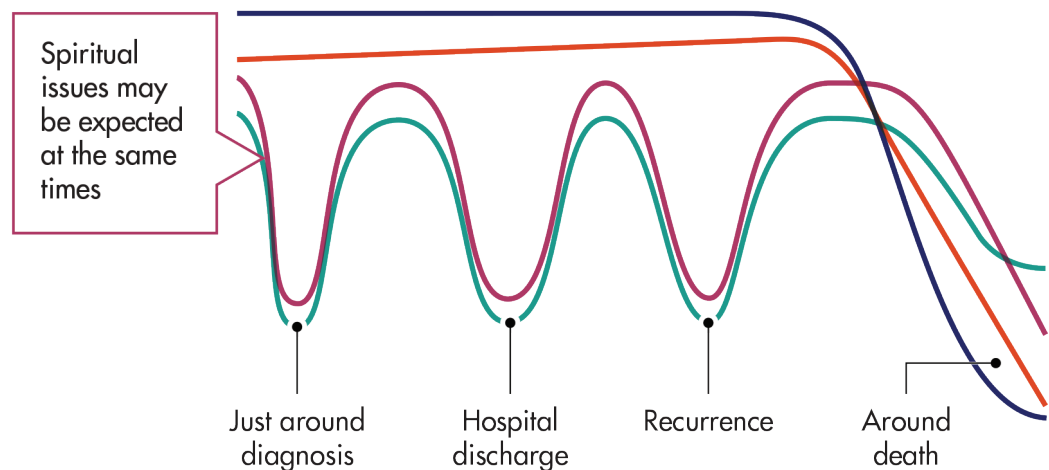
Murray, Scott et al. “Encouraging an assets rather than a deficits approach to the last phase of life.” *BMJ* opinion, 2017.

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In Module 1, we learned about the three disease trajectories (the typical path a disease takes) from a medical lens, which focused on physical change. Dr. Murray, a family doctor from Scotland who is a leader in the field of palliative care worldwide, proposed that dying is a 4-dimensional experience that, in addition to the physical dimension, includes social, psychological, and spiritual dimensions. Understanding these three dimensions is essential for those who support the patient to ensure the patient lives well while dying. <https://www.bmj.com/content/356/bmj.i878>

Understanding how these three additional dimensions impact a dying person's journey will allow us to understand better what the person is going through, when and how we can support them and their caregiver(s). There is a link in the take-home resources for this module to a video that describes the 4-dimensional experience.

### 1. In the RAPID trajectory (typically CANCER)

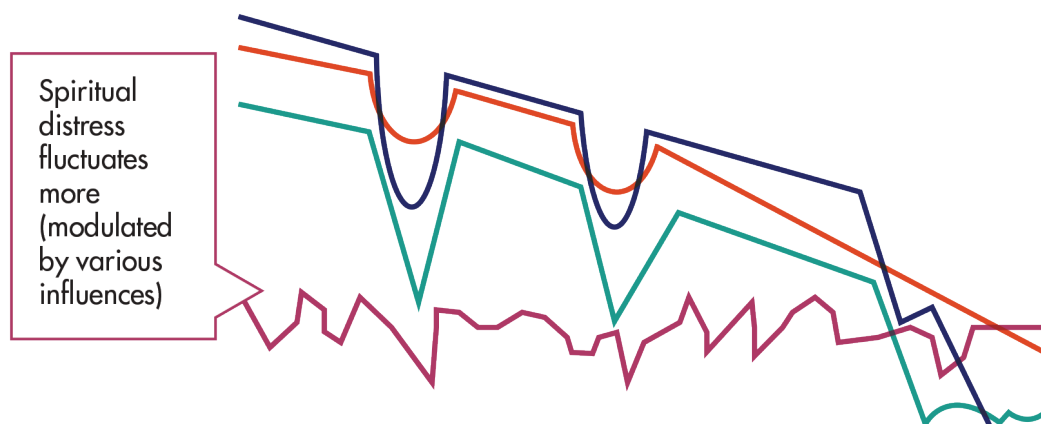


The *BMJ*, “Palliative care from diagnosis to death”, 2017.

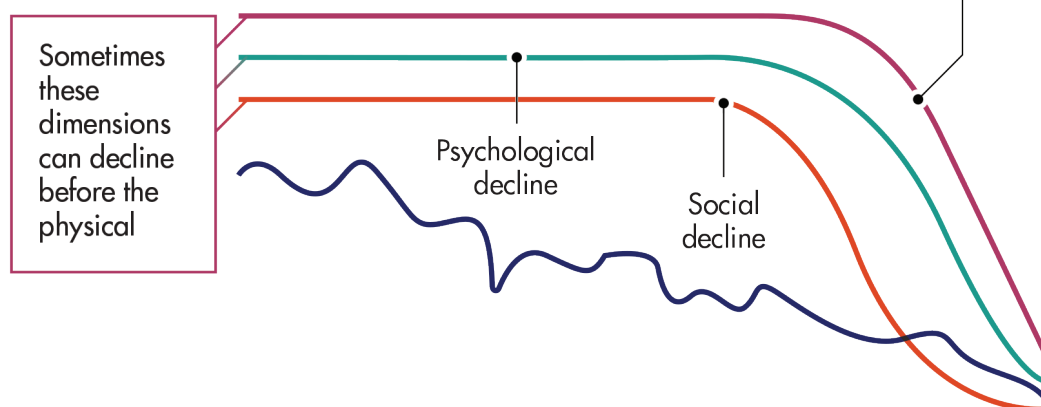
<https://www.youtube.com/watch?v=vS7ueVoui5U>

Murray, Scott et al. “Encouraging an assets rather than a deficits approach to the last phase of life.” *BMJ* opinion, 2017.

## 2. In the **INTERMITTENT** trajectory (typically **ORGAN FAILURE**)



## 3. In the **GRADUALLY DECLINING** trajectory (typically **FRAILTY** or **DEMENTIA**)



The *BMJ*, “Palliative care from diagnosis to death”, 2017.

<https://www.youtube.com/watch?v=vS7ueVoui5U>

Murray, Scott et al. “Encouraging an assets rather than a deficits approach to the last phase of life.” *BMJ* opinion, 2017.

If a person's wish is to die at home, it is essential that the end-of-life care team, which always includes medical staff, has a plan in place. The plan will guide decision-making, especially if things are not going well. This plan must include a 24/7 contact number for medical staff, especially if the team has concerns about the patient's wellbeing. The end-of-life care team will strengthen the plan by taking scheduled shifts so that other team members can get some rest (even if they are resting in the house). This idea may be the most challenging part for some caregivers, as they may not want to leave the person's side, but taking some time to rest will allow everyone to be present while on this journey. We have included a tool to help you develop an end-of-life plan in your take-home document.

In addition to the end-of-life care team, this is another excellent opportunity for family, friends, parish and community members to get involved and support. You might be asking yourself, "How much support do those facing a terminal illness need?" Let's look at this image known as the care clock that shows how much time is spent with health care providers on average in the last 12 months of life.

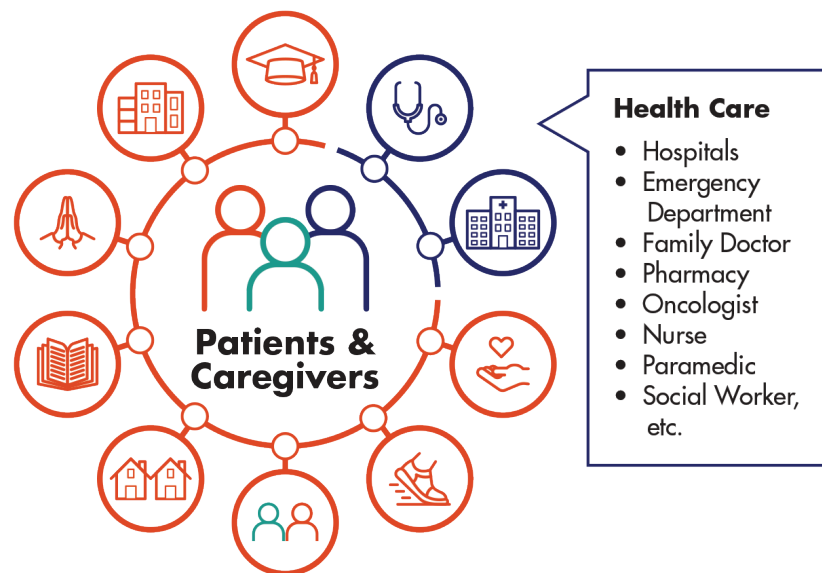


Figure adapted from Pallium Canada (2021). Who Provides Care.  
<https://www.pallium.ca/compassionate-communities/>

You can see in the blue section that support from the health care field makes up roughly 20% of the care provided. So, who provides the other 80% of the care? It will fall mainly on those in the caregiving role unless others create a support network to provide care when needed.

How does the image change if individuals or groups with whom the patient or caregiver often interacted before the diagnosis becomes part of their support network? As you can see, creating a support network can significantly help with the other 80% of care needed.



Figure adapted from Pallium Canada (2021). Who Provides Care.

<https://www.pallium.ca/compassionate-communities/>

I wanted to take a moment to talk about accepting help and offering help since it is a key function of the support network for the patient and care team. When you want to offer help, be specific about the services and supports you are comfortable providing. The reason is, asking the person who is providing the care to identify things they need help with could be too much for them, and therefore they might respond with “Thank you, but we are fine.” So remember to offer specific help. No task is too small. Finally, we must respect the wishes of the patient and caregiver.



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Please remember that friends, family, and neighbours genuinely want to support you. Often those accepting help feel like a burden; this is not true. By accepting assistance from others, you are allowing them to make a difference during this time.

I hope we have shown how community support can positively affect the patient and their care team. In times of need, supporting those around us comes naturally to parishioners since caring for the sick and dying is a requirement of the Gospel. Before there were sophisticated health care centres and advances in medical technology, families, friends, and neighbours were always ready to help the sick and dying. Today, people who live in large urban centres often feel isolated and alone. The movement to get communities engaged again in supporting people dealing with palliative care and end-of-life is essential.

You might be wondering, how do I or we breathe life back into the idea of the community getting involved again?

There are things you can do within your parish to support one another. Praying for the sick, taking Communion to them, arranging parishioners to make meals for the family, arranging for the priest to visit the dying person, and offering other benevolent gestures are ways that parishes can support their friends and neighbours.

You can do something in the broader community to empower more people to get involved and create a supportive community. If you are passionate about the power of community and want to explore how your community can take a more active role in supporting patients and their care team, learn more about the Compassionate Community movement at [www.Pallium.ca](http://www.Pallium.ca).

You can find resources and tools to get you started, along with some Canadian examples of community activities in your take-home document for this session. Remember this: **EVERYONE HAS A ROLE TO PLAY** in caregiving, serious illness, dying and grief. What supportive role will you play?

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## 7. Application to my life: supporting and integrating loved ones within the wider community

🕒 10 minutes



### Silent Individual Reflection

#### Guiding Questions:

Let's reflect upon what you have heard about the process and signs of dying and death in the video we have just watched. Here are some questions to help us reflect on this:

1. Reflect on how the dying process has changed during your lifetime. Was there a time when the community was more involved?
2. Review the tool called *Planning Guide for a Home Death* (See [Appendix 8](#)). If you have previously supported someone's wish to die at home, what areas from this guide do you think would have been helpful information to have?
3. Do you feel your community is supportive of caregivers, those who are seriously ill or dying and those who are grieving? Are there areas where you think your community can improve? If so, share some examples with the group.
4. Do you feel you have a role to play in supporting those who are caregiving, those who are dealing with serious illness or death and those who are grieving?
5. If so, what supportive role do you feel you can play?

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## 8. Table Conversations

🕒 20 minutes

This is an opportunity for individuals to have conversations in small groups to share their responses to the guiding questions.

**Review the Norms for Conversation.** Participants may wish to tell their own stories very briefly in this context: allow for this, but monitor the tables to ensure that the focus is maintained so everyone has an opportunity to speak if they wish.

**Provide participants** with a time frame in which the table conversations will take place.

Depending on the number of participants, the facilitator may circulate to each table and listen to the conversation to identify common themes in the discussion. If there is only one table group, the facilitator should join the group as an interested listener. Provide participants with a time frame in which the table conversations will take place.

## 9. Large group focus

🕒 5 minutes

**Gather the participants** together into a large group. The facilitator can bring the *community* perspectives to closure by identifying one or two points they heard during the table discussions.

**Wrap up** by introducing the next section of the module.



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## PART 3

# Action

*May our hearts be open  
to all the peoples and nations of the earth.  
May we recognize the goodness and beauty  
that you have sown in each of us,  
and thus forge bonds of unity, common projects,  
and shared dreams. Amen.*

Pope Francis, *Fratelli Tutti: Prayer to the Creator*

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# Part 3: Action

🕒 5 minutes

## 1. Going forth

An important part of the learning cycle is the Action component because it allows participants to take the new knowledge they have reflected on and applied during the session into their daily lives.

**NOTE TO FACILITATOR:** To assist participants, we have provided a question-and-answer guide to take home and use for further reflection. Please review the question and answer take home resource with participants. Provide participants with a copy of [Appendix 8](#), either in a digital format or distribute a paper copy.

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**MODULE 04**

Appendices

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# Appendix 1

## **Guiding questions – Reflection on scripture**

1. The Samaritan knew where to find resources to assist the man who had been beaten. Where would you go to find resources to help your neighbour?
2. Who is your neighbour? How can you show them mercy even in times of disagreement and conflict?
3. What kind of care are we called to give our neighbour?
4. How does your community (parish, neighbourhood, local schools, etc.) reach out to care for its neighbours, especially those who are sick and dying? Share some examples.



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# Appendix 2

## **Video script – Theological and ethical reflection**

Members of a parish community cherish the feeling of gathering in their Church as members of the Body of Christ. As a community of faith, we are drawn together by our shared belief in Jesus Christ. At the parish, we are nourished and spiritually fed by the Eucharist, the Liturgy of the Word, and in the community where we gather. At the end of Mass, we are ‘sent forth,’ told to ‘go in peace!’ This is not just a signal to pack up and go home until next time: instead, it is our mission every day. We are called to live the Gospel in our communities and witness it in our families, workplaces, and in the wider society.

On the one hand, a parish community builds itself up internally seeking to grow spiritually. On the other hand, the parish community is often external, whereby parishioners provide support for people outside their immediate circle. Some parish groups are part of larger groups that contribute to the spiritual, political, and social good.

The Church has long emphasized the importance of caring for people at the end-of-life. We remember Saint Fabiola from the early Church, who founded one of the first hospitals in Rome; Saint Vincent de Paul, who is revered for his selfless dedication to the poor, or the three Augustinian sisters who opened the first hospital here in Canada, the Hotel-Dieu.

The Church has always encouraged us to perform the ‘corporal works of mercy,’ following Jesus’ words: “for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.” (Matt. 25:35–36) This inspires us to offer accompaniment in many forms in solidarity with people at any difficult stage of life, including the end-of-life. The experience of people at the end-of-life is often a difficult one. The ill person can often be reluctant to ask for help because of concerns of being a burden. This self-perceived burden may create a sense of isolation from others, feelings of loneliness

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and despair, a sense of being disconnected from the rest of society. It can lead to the inability of both the dying person and the caregivers to have meaningful conversations. The dying person may distance themselves from others to reduce the perceived burden that they feel they are causing.

Sometimes the desire not to become a burden to others has the dying person become more focused on “keeping a positive outlook” when, more deeply, they may be scared of what is to come. They may not want to express their feelings for fear it would make it too difficult for those around them to cope with their illness. This situation can also result in the patient expressing their wish to die, stop treatment, or even request euthanasia. Often, when we need help the most, it’s most difficult to ask.

While these are not unusual or abnormal feelings, they are often challenging to cope with. We see an example of what a response might look like in the Parable of the Good Samaritan. Both a Levite and a Priest did not stop to help the injured and suffering man lying on the side of the road after being beaten and robbed. We can imagine that he was crying out for help. There is no explanation given in the story for why this occurred. Finally, a Samaritan traveller came upon the half-dead man and, moved by compassion, bandaged his wounds. In this instance, we see several things. The injured man needed help and was willing to take help from anyone, including a Samaritan. The Samaritan, too, was ready to put himself at risk in attending to an injured person who was considered unclean. However, the Samaritan, perhaps realizing that he could not continue to provide care, took the man to an innkeeper and asked for his help, saying that he would be back to pay for the care. This is significant in laying out what a compassionate response might look like and accepting the reality that we are not expected to “go it alone.”

This parable challenges us to consider what we as individuals and as part of a community of believers might do in responding to someone who needs our help. A concrete way we can respond is by deciding to join others in advocating for greater access to palliative care and end-of-life care to provide dignified surroundings for our loved ones as they confront serious illness.

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By our presence and concern for those at the end-of-life, we can be present to help them with feelings of loneliness, hopelessness, abandonment, and grief. As members of the Body of Christ, we are called to pray for the sick, help them in spiritual and practical ways. We can assure them that they are not alone. The Sacrament of the Anointing Sick is a concrete way that the Church nourishes us and imparts special grace in serious illness and at the end-of-life. It is important that a Parish community continue to accompany caregivers and family members in the grieving process after the loved one's death, consoling them and helping them find further counselling where that would be helpful.

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# Appendix 3

## **Guiding questions – Theological and ethical reflection**

1. How would you describe what it means to be a member of the Body of Christ?
2. As an active part of the Body of Christ, how can you concretely help when there are people who require assistance?  
(ex. Gifts, charisms, expertise, time)
3. What are some ways, big or small, that your parish community already reaches out to the sick and dying?
4. How can you work with others in your parish community to reach out in new ways to support the sick and dying?

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# Appendix 4

## **Video script – Medical perspective**

### **Accompaniment and Advocacy**

As we have discussed in the previous modules, being with someone who is seriously ill or dying is a privilege. It can bring joy and fulfillment to both that person and yourself. The action of being present with someone can extend outside your close circle to your community, which can include neighbours, friends, co-workers and fellow parishioners. Being there and caring for others is what communities have done for thousands of years.

Being present with someone who is dealing with a serious illness, dying, caregiving or grieving is generally the same. It can include just sitting there with the person, listening to what they have to share, reflecting on fond memories, things that have brought them joy, and may include helping them with some tasks. This act of being present, while not necessarily easy, has been documented to have a positive impact on both the person and yourself.

And don't forget to look after yourself as well. When holding vigil for many hours and days, it can be exhausting and you can get so tired that you cannot provide care or be present when it really matters. So take breaks, often. If there are other members of the family or friends, take turns holding vigil.

Remember, these tips for being present can apply in different settings and with a loved one or your broader community.

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## **Grief and Bereavement**

Losing someone is painful and difficult. The hurting, or grieving as we refer to it, usually starts before the person dies. It is the pain of seeing a loved one leaving us, not being able to do things we wanted to with the person, thinking of life without the person, among others. Speak to a close friend, or even your family doctor, nurse or counsellor, if you are having these feelings and they are stopping you from being able to function and do what you need to do in your everyday life.

The hurt will increase when the person dies. It is normal to feel the hurt; don't hesitate to share with friends and caregivers the hurt you are feeling. Keeping it bottled up inside is not helpful and will harm you more in the future. It is often said that grieving does not go away, it just becomes easier to live with. You will experience increased feelings of loss on days and events that remind you of the person: their birthday, Easter or Christmas, an anniversary. Sometimes you will feel the person's presence or even seem to see them. This is normal.

For some people, the grieving can be very difficult – so difficult that it stops them from being able to carry on with living, with work, caring for themselves, caring for others, being with others in the family. If you are feeling like this, do not hesitate to ask for help. Speak to your family doctor, nurse or counsellor, or call a help line or your local hospice for advice. It is not a sign of weakness. Even the strongest of people feel loss.

Research shows that some people are at even higher risk of experiencing very severe grieving. This includes situations where the loss is of someone much younger than you—a child or younger sibling, for example—or it was a sudden, unexpected loss, or it was the loss of someone you depended on a lot. Don't hesitate to look for help.

## **Advocacy**

Over the last four modules, we have shared many things about living and dying with serious illnesses and the role of palliative care. While today there are many more palliative care services—like hospices, palliative care units and palliative care teams in hospitals, the community and long-term care—

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than there were a decade or two ago, there are still many gaps and services lacking in many parts of the country.

Many parts of the country do not have enough positions for palliative care doctors, nurses and other key professionals like social workers and spiritual care providers and recreational therapists. There are large communities that do not even yet have palliative care units, or the funding for these units is being scaled back and they are being reduced in size or being shut down.

There are many communities that do not have hospices, and in many provinces, hospices still rely mostly on charity and fundraising. There are many communities that do not have access to palliative care specialists or to family doctors who are able to provide palliative care.

Most medical and nursing schools provide too little palliative care training, if any at all, even though access to palliative care is a human right, as declared by the World Health Assembly in 2014, which Canada is a part of.

There are education programs, such as Pallium Canada's courses, that have been developed by Canadians, for Canadians, and are available across the country, but require ongoing funding to reach out to more doctors, nurses, social workers and other health professionals and students.

Become a champion and an advocate for more palliative care in our country. All Canadians should have access to palliative care: research shows that while it is good in some regions, it is lacking in many others; in fact, in some regions, less than 30% of people have access to it when they need it. Support any provincial or federal legislation that supports palliative care. Write to your local, provincial or federal elected officials. Ask them what support they are putting into local, provincial and federal palliative care initiatives. Remind them that most provincial governments and the federal government have identified the need for more and better palliative care. Now it's time for action.

Thank you very much and God bless.

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# Appendix 5

## **Guiding Questions – Medical perspective**

1. How can journeying with someone who is dying bring joy and fulfillment to both that person and you?
2. How can you support those who are experiencing grief after the death of a loved one? What resources might you seek to assist you and the bereaved through their grief?
3. How can you become a champion for palliative care in your local community, parish and family?



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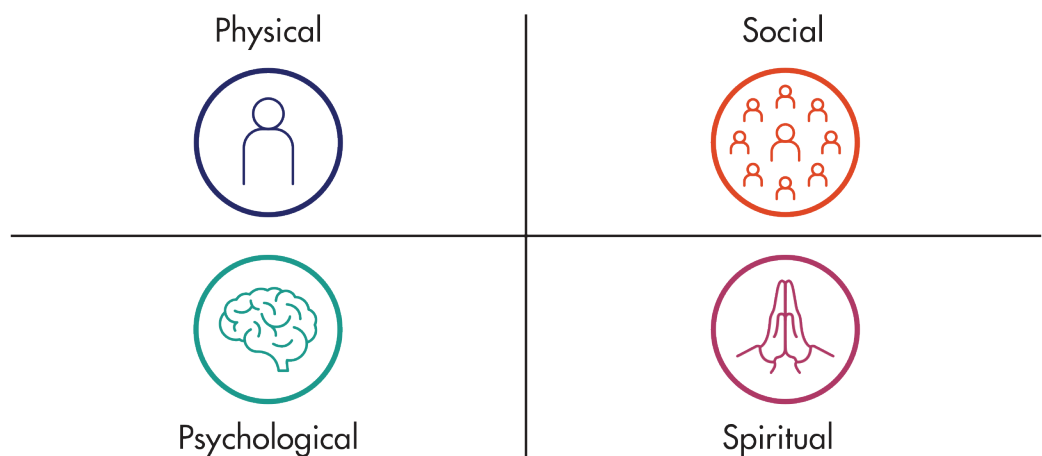
# Appendix 6

## Video Script – Community Perspective

*“Dying is not fundamentally a medical event, but rather a social event that happens in the family and the community.”* This quote from Dr. Mary Lou Kelley reminds us that community involvement is an essential aspect of end-of-life. During this time, it is a chance for people to visit with the dying and the people caring for them, support the end-of-life team with food, groceries, supplies, prayer and care for others in the family, such as children and pets. This support is necessary throughout the dying process. Accompanying the bereaved is equally important after a person has died, so keep checking in with caregivers and family regularly (especially during the first year after the death, with all the firsts that family members will go through).

As we experienced during the Covid-19 pandemic, we could not connect and support the sick and dying with in-person visits. We needed to find creative ways to connect. The use of technology made it possible to support caregivers, the dying, and those grieving by using online video conferencing resources.

### But dying is a ... 4-dimensional experience

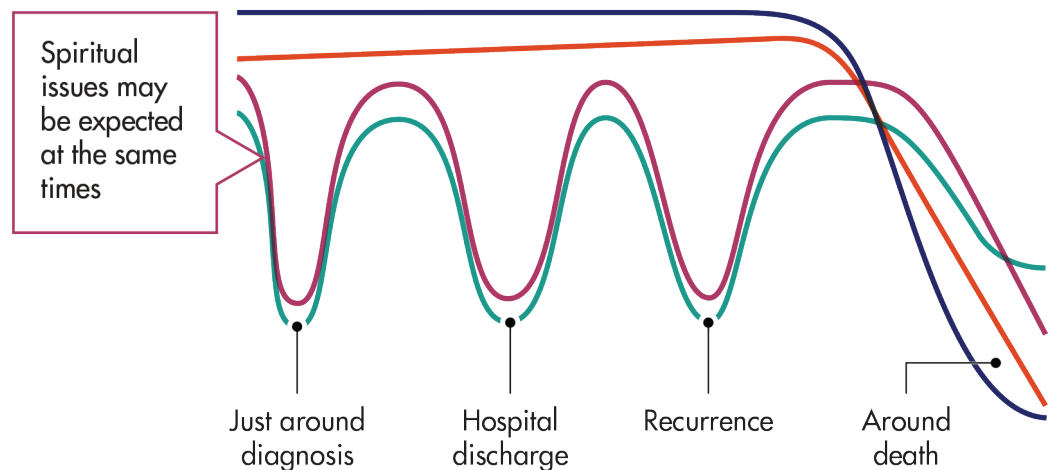


Murray, Scott et al. “Encouraging an assets rather than a deficits approach to the last phase of life.” *BMJ* opinion, 2017.

In Module 1, we learned about the three disease trajectories (the typical path a disease takes) from a medical lens, which focused on physical change. Dr. Murray, a family doctor from Scotland who is a leader in the field of palliative care worldwide, proposed that dying is a 4-dimensional experience that, in addition to the physical dimension, includes social, psychological, and spiritual dimensions. Understanding these three dimensions is essential for those who support the patient to ensure the patient lives well while dying. <https://www.bmj.com/content/356/bmj.i878>

Understanding how these three additional dimensions impact a dying person's journey will allow us to understand better what the person is going through, when and how we can support them and their caregiver(s). There is a link in the take-home resources for this module to a video that describes the 4-dimensional experience.

### 1. In the RAPID trajectory (typically CANCER)

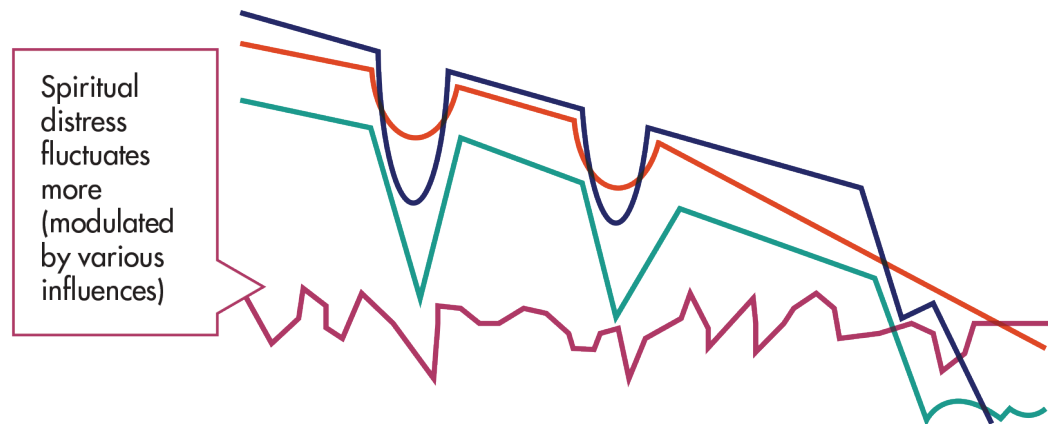


The *BMJ*, “Palliative care from diagnosis to death”, 2017.

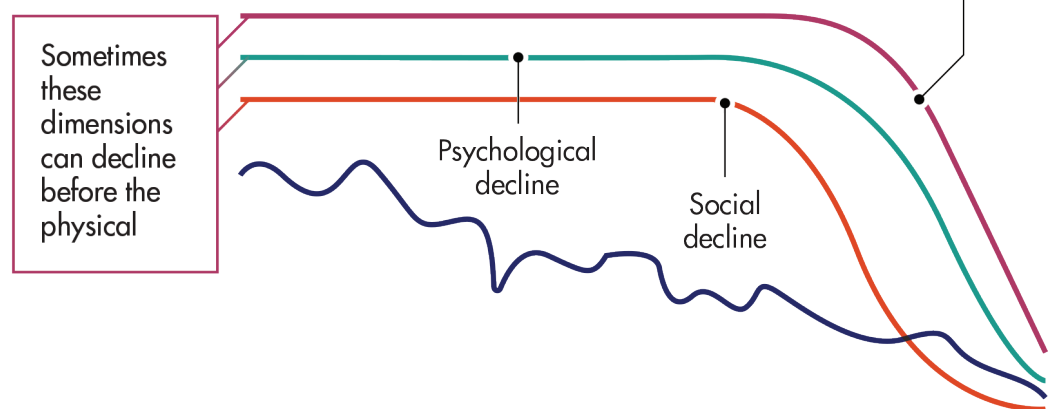
<https://www.youtube.com/watch?v=vS7ueVoui5U>

Murray, Scott et al. “Encouraging an assets rather than a deficits approach to the last phase of life.” *BMJ* opinion, 2017.

## 2. In the **INTERMITTENT** trajectory (typically **ORGAN FAILURE**)



## 3. In the **GRADUALLY DECLINING** trajectory (typically **FRAILTY** or **DEMENTIA**)



The *BMJ*, “Palliative care from diagnosis to death”, 2017.

<https://www.youtube.com/watch?v=vS7ueVoui5U>

Murray, Scott et al. “Encouraging an assets rather than a deficits approach to the last phase of life.” *BMJ* opinion, 2017.

If a person’s wish is to die at home, it is essential that the end-of-life care team, which always includes medical staff, has a plan in place. The plan will guide decision-making, especially if things are not going well. This plan must include a 24/7 contact number for medical staff, especially if the team has concerns about the patient’s wellbeing. The end-of-life care team will strengthen the plan by taking scheduled shifts so that other team members can get some rest (even if they are resting in the house). This idea may be the most challenging part for some caregivers, as they may not want to leave the person’s side, but taking some time to rest will allow everyone to be present while on this journey. We have included a tool to help you develop an end-of-life plan in your take-home document.

In addition to the end-of-life care team, this is another excellent opportunity for family, friends, parish and community members to get involved and support. You might be asking yourself, “How much support do those facing a terminal illness need?” Let’s look at this image known as the care clock that shows how much time is spent with health care providers on average in the last 12 months of life.

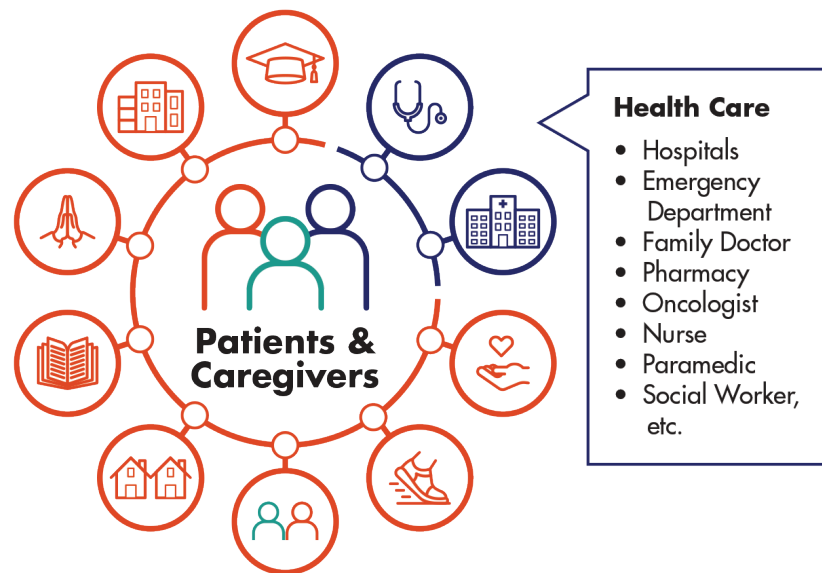


Figure adapted from Pallium Canada (2021). Who Provides Care.

<https://www.pallium.ca/compassionate-communities/>

You can see in the blue section that support from the health care field makes up roughly 20% of the care provided. So, who provides the other 80% of the care? It will fall mainly on those in the caregiving role unless others create a support network to provide care when needed.

How does the image change if individuals or groups with whom the patient or caregiver often interacted before the diagnosis becomes part of their support network? As you can see, creating a support network can significantly help with the other 80% of care needed.



Figure adapted from Pallium Canada (2021). Who Provides Care.

<https://www.pallium.ca/compassionate-communities/>

I wanted to take a moment to talk about accepting help and offering help since it is a key function of the support network for the patient and care team. When you want to offer help, be specific about the services and supports you are comfortable providing. The reason is, asking the person who is providing the care to identify things they need help with could be too much for them, and therefore they might respond with “Thank you, but we are fine.” So remember to offer specific help. No task is too small. Finally, we must respect the wishes of the patient and caregiver.

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Please remember that friends, family, and neighbours genuinely want to support you. Often those accepting help feel like a burden; this is not true. By accepting assistance from others, you are allowing them to make a difference during this time.

I hope we have shown how community support can positively affect the patient and their care team. In times of need, supporting those around us comes naturally to parishioners since caring for the sick and dying is a requirement of the Gospel. Before there were sophisticated health care centres and advances in medical technology, families, friends, and neighbours were always ready to help the sick and dying. Today, people who live in large urban centres often feel isolated and alone. The movement to get communities engaged again in supporting people dealing with palliative care and end-of-life is essential.

You might be wondering, how do I or we breathe life back into the idea of the community getting involved again?

There are things you can do within your parish to support one another. Praying for the sick, taking Communion to them, arranging parishioners to make meals for the family, arranging for the priest to visit the dying person, and offering other benevolent gestures are ways that parishes can support their friends and neighbours.

You can do something in the broader community to empower more people to get involved and create a supportive community. If you are passionate about the power of community and want to explore how your community can take a more active role in supporting patients and their care team, learn more about the Compassionate Community movement at [www.Pallium.ca](http://www.Pallium.ca).

You can find resources and tools to get you started, along with some Canadian examples of community activities in your take-home document for this session. Remember this: EVERYONE HAS A ROLE TO PLAY in caregiving, serious illness, dying and grief. What supportive role will you play?

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# Appendix 7

## Guiding Questions – Community perspective

1. Reflect on how the dying process has changed during your lifetime. Was there a time when the community was more involved?
2. Review the tool called *Planning Guide for a Home Death* (See [Appendix 8](#)). If you have previously supported someone's wish to die at home, what areas from this guide do you think would have been helpful information to have?
3. Do you feel your community is supportive of caregivers, those who are seriously ill or dying and those who are grieving? Are there areas where you think your community can improve?
4. If so, share some examples with the group.
5. Do you feel you have a role to play in supporting those who are caregiving, those who are dealing with serious illness or death and those who are grieving?
6. If so, what supportive role do you feel you can play?

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# Appendix 8

## Supporting and integrating inside the larger community

### Question-and-answer take-home resource

#### As a community member, am I responsible for my neighbour?

- The Parable of the Good Samaritan provides us with insights into how we are called to help our neighbour in times of need. It reminds us that no matter who the person is, we must do the right thing and offer support and help where it is needed.
- Pope Francis, in his Encyclical Letter *Fratelli Tutti*, reminds us of this when he writes,
  - *... love does not care if a brother or sister in need comes from one place or another. For “love shatters the chains that keep us isolated and separate; in their place, it builds bridges. Love enables us to create one great family, where all of us can feel at home ... Love exudes compassion and dignity”.* (no. 56)

#### What resources are available to help me understand or obtain palliative care in my community?

The Pontifical Academy for Life reminds us that “the Catholic Church’s appreciation for Palliative Care as an approach to caring for the vulnerable is evident in its catechism, which includes the following statement, ‘[Palliative care] represents a special form of disinterested charity, and as such, should be encouraged’.” (Catechism of the Catholic Church, n. 2279)<sup>1</sup>

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1 Pontifical Academy for Life, *White Book for Global Palliative Care Advocacy*, 15.  
<http://www.academyforlife.va/content/dam/pav/documenti%20pdf/2019/White%20Book/WHITE%20BOOK%20English02%2025Apr19.pdf>



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The Pontifical Academy goes on to describe palliative care as providing relief to serious health-related suffering by “providing physical, psycho-social, and spiritual care to patients and their families.”<sup>2</sup>

- Look to health care professionals to recommend palliative care resources, such as medical home care, respite care and hospice care.
- Parishes, especially those that have parish nurses and pastoral care workers, provide support and guidance.
- To find local resources and other community supports, go to [www.211.ca](http://www.211.ca). This service is in 150 different languages; you can call and speak to an operator if that works better for you.
- Visit the Canadian Virtual Hospice to find supports for caregivers or for someone who is dying: [www.virtualhospice.ca](http://www.virtualhospice.ca).
- Visit the Canadian Hospice Palliative Care Association (CHPCA) to find the location of palliative care wards in hospitals, residential hospices or hospice societies: <https://www.chpca.ca>.
- Each year the Catholic Women’s League of Canada presents a palliative care kit to assist members to participate in “12 Hours of Prayer for Palliative Care”. The event is held simultaneously with the Canadian Hospice Palliative Care Association’s National Hospice Palliative Care Week. See [CWL 12 hours of prayer for palliative care](#) for more information.

*Roman Catholic Teaching is concerned about the life of the person from conception to natural death.*

(Dr. Moira McQueen, *Bioethics Matters: A Guide for Concerned Catholics*, Novalis, 2008)

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2 Ibid., 14.

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**What can I do to support those in my community who are dying?  
How can I support their caregivers?**

- Compassionate Communities is an excellent model for building support within one's community: <https://www.pallium.ca/compassionate-communities>
- *What is a Compassionate Community?*
- A community of people who are passionate and committed to improving the experiences and well-being of individuals who are dealing with a serious health challenge, and those who are caregiving, dying or grieving.
  - Members of a Compassionate Community take an active role in supporting people affected by these experiences. This can be done through connecting people to helpful resources, raising awareness about life and end-of-life issues, and building supportive networks in the community.
  - While each community can adopt its own approach to building a more compassionate culture, there are common guiding principles for Compassionate Communities.
  - *Members of a Compassionate Community recognize that:*
    - Experiences of serious health challenges, caregiving, dying and grieving are **part of everyone's journey through life** and that they can happen at any time.
    - Care for one another through these experiences is not a task solely for professionals; rather, **everyone can participate**.

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To learn more and access resources to help you start your Compassionate Community, go to <https://www.pallium.ca/compassionate-communities>.

Here are some examples of activities running in Compassionate Communities in Canada:

- [Compassionate City Crew](#) — This is a program where volunteers work with each patient to identify the support that is needed and then create a team of support (patient’s family, friends, neighbours) and match them with the needs of the patient. This program in New Westminster, British Columbia, is partnered with the local hospice.
- Death: Something to Talk About — This program is a book club in partnership with the local library and hospice. Learn more by visiting [McNally House Hospice](#).
- *Bill’s Story* — This video shows us how the community can support a dying person and their family along with the impact this makes: [https://youtu.be/\\_5tJGaWjRZk](https://youtu.be/_5tJGaWjRZk).
- *Living Well until the End: The Role of the Community* ([English](#) and [French](#); closed captioned) — This video with the Honourable Sharon Carstairs talks about palliative care and the role of the community in supporting those who are impacted by palliative care.
  - Care Connections — The Care Connections Program consists of a suite of resources and activities to support the millions of Canadians who are caring for their family, friends, and members of their communities. These resources are provided for free and are designed to empower every Canadian to better support the caregivers in their lives and to help strengthen the important social connections within our communities. To learn how to run a community workshop, go to [www.pallium.ca](http://www.pallium.ca).

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### **What challenges could I face when helping those who are dying and their caregivers?**

- The person who is ill may have stated that he or she wants privacy and is open only to having immediate caregivers, a spouse, children, close friend, doctor and nurse for assistance and support. It is important to respect those wishes.
- Ask the caregiver how you can support him or her. Try to be specific about what you can offer. Once your support is agreed upon, it is very important that you can meet the commitment you have made. Ask yourself, “What gifts, skills, knowledge can I offer as support to the caregiver?” Examples: Prayer, take Holy Communion to the caregiver and the person who is ill, walk the dog once a day, shovel snow after a storm, shop for groceries, assist with home maintenance (such as cleaning, small repairs), prepare and deliver meals.
- Be supportive by letting the family know that you are praying for them. This may be the most helpful and consoling support you can give.

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**Grief: What if I look back to a time when I cared for someone and have lingering doubts, worries or guilt about what happened? How can I resolve these concerns?**

- Recognize and accept your sincere attempts to do your best during a challenging time.
- Pray about these issues.
- Don't allow guilt and fear to become stumbling blocks to moving forward in freedom.
- Seek pastoral help and guidance from those who are knowledgeable about Catholic teaching on end-of-life matters and palliative care and whom you trust to listen with compassion.
- You may also find the Sacraments of Eucharist and Reconciliation very helpful.
- Join a support group for those who are grieving.
- Visit [www.mygrief.ca](http://www.mygrief.ca) to find resources to help you to understand and work through your grief.
- Visit [www.kidsgrief.ca](http://www.kidsgrief.ca) to find supports to talk with kids and teens about serious illness, dying and death. This is a great support for parents, families and teachers.

*“In a frail human being, each one of us is invited to recognize the face of the Lord, ... [a]nd every person, even if he is ill or at the end of his days, bears the face of Christ. They cannot be discarded, as the ‘culture of waste’ suggests! They cannot be thrown away!”*

— Address of Holy Father Francis to Participants in the Meeting Organized by the International Federation of Catholic Medical Associations, September 20, 2013

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## Planning Guide for a Home Death

Adapted from Pallium Canada (2021) Planning Guide for a Home Death

1. Who are the members of your health care team that will do home visits?

Profession	Name	Contact information
Nurse		
Doctor (family physician or palliative care physician)		

- Make sure your pharmacist is aware of your plan to die at home.

2. What medical equipment/supplies are needed at the home?

Type of equipment/supplies	Where to get it?	Who will get it?

3. Have you had a conversation with the health care provider to ensure that you and the team are knowledgeable about what dying from this illness might look like? If you have not yet done so, please have this conversation so that you and the team are better prepared.

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**Record what to expect below**

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4. Is there a Do Not Resuscitate (DNR) or Allow Natural Death (AND) order in place?

**Yes** \_\_\_ **No** \_\_\_

If yes, communicate this information with the health care team and end-of-life care team and keep it with this plan.

If no, have this important discussion with the patient while ultimately accepting their decision.

5. Find out what the 24/7 contact number is for questions that are not a 911 emergency.

**Record the number here:** \_\_\_\_\_

For example, if the patient seems in more pain than usual, you can call the above number to speak to a nurse or doctor for support in getting their pain under control.

6. Do you have an end-of-life team in place for the final weeks and days? This team can include family, friends, and parish and community members. Know who the members of the team are and when they are scheduled to accompany the patient (for example, Monday from 8 a.m. until noon). This will be of comfort for the primary caregivers and will allow them to try and get some rest.

Name	Contact information	Scheduled time slot

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7. Do you have a Plan B in place if dying at home is no longer the best option? Consult your health care team for guidance.

There could come a point when dying at home is no longer the ideal location and the patient should be moved to a hospice or hospital for additional support. If the patient needs to be moved out of the home, please do not feel that this means you have failed them. Ensuring that they get the best care, even if it is outside the home, shows you have not *failed* them

**Note your Plan B option below**

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# Appendix 9

## Christian Funerals

Many people today, especially Catholics, have decided to plan their funerals. Planning one's funeral does not have the same stigma as it once did. Some plan their funerals because family members may not share the same beliefs concerning life after death and the resurrection or may not be familiar with or sympathetic to Catholic funeral practices. Others wish to spare their loved ones the burden of planning a funeral. Sometimes there is no one to assume this responsibility.

Part of funeral planning involves burial plans. Many people have specific plans they want carried out, such as information on where they wish to be buried, or some people may consider becoming organ donors. Some do not wish cremation, and others do. It is important that the deceased person's wishes are respected as far as possible.

Let us look at what is involved in a Catholic funeral to help with planning.

**Who can have a Catholic funeral?** A Catholic funeral is a celebration of our faith in the Lord's mercy and kindness and is a sign of the hope and consolation we offer to those who are bereaved. A Catholic funeral is not a reward for a good life but an expression of the care of Christ and the Church for a member whose earthly journey has ended. The baptized and catechumens, saints and sinners, rich and poor, people who went to church every day and people who have not practised their faith in years are all members of the Church and can all have a Catholic funeral.

**Why have a Catholic funeral?** A person may be tempted to spare friends and relatives the pain and expense of elaborate funeral ceremonies. But the bereaved may need this opportunity to express their loss and support for one another. Catholics are encouraged to experience the richness of traditional funeral and burial rites—to honour the deceased person and to comfort those who mourn. Ties of friendship and bonds of love do not end with death. The funeral rites are our opportunity to express the care

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and love we gave to the deceased throughout their last years and their final illness. Our prayers for the dead accompany them on their journey to God's Kingdom and assure them of the support and presence of the Body of Christ that began at Baptism, was expressed in the Sacrament of the Sick, and was strengthened in Holy Communion throughout their lives and during their time of illness.

**Planning the funeral:** *The Order of Christian Funerals* guides the Catholic community with specific rites and prayers to express consolation and hope to those who grieve, to give thanks to God for the blessings received by and through the deceased, and to ask God's mercy on all sinners. It is designed to help those who are grieving to confront death in light of the life, suffering, death and resurrection of Jesus. "In the face of death, the Church confidently proclaims that God has created each person for eternal life and that Jesus, by his death and resurrection, has broken the chains of sin and death that bound humanity" (Order of Christian Funerals [OCF], 1).

A Catholic funeral has three distinct parts. These give the bereaved time to begin to accept the reality of death, express their sorrow, reflect upon the deceased person's life, give thanks to God, pray in light of Jesus' resurrection, and find strength and consolation.

1. **The vigil:** The vigil is an important moment in pastoral care for the living. The vigil allows the family, friends and the Christian community to face the reality of death and begin the process of grieving and healing. It is an opportunity to gather to remember the life of the deceased, express grief, and offer comfort and consolation. This is an essential part of the ministry of Christ that the Church offers to the bereaved. The vigil is usually held in a funeral home but may take place in the family home, church or other suitable location (OCF, 83). It includes a reading of the Word of God and prayers for the deceased and those who mourn. This is a suitable occasion for sharing stories and remembrances of the deceased. Even when the body of the deceased was buried shortly after death, was cremated, was donated for medical research, or was not found, the family is encouraged to gather for a prayer vigil. A picture of the deceased may be placed on a table with some flowers and a candle.

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2. **The funeral Mass:** “Christians celebrate the funeral rites to offer worship, praise, and thanksgiving to God for the gift of life which has now been returned to God, the author of life and hope of the just. The Mass, the memorial of Christ’s death and resurrection, is the principal celebration of the Christian funeral” (*OCF*, 5). In the funeral Mass, there is an emphasis on the Baptism of the deceased, since it is through Baptism in Jesus that each person receives the promise of eternal life. The white pall draped over the casket or urn, the holy water and the Easter candle are symbols of Christ’s life, which is bestowed through the waters of Baptism.

*Readings chosen from Sacred Scripture* are proclaimed at the Mass. Parishes and funeral homes often make resources available for selecting Sacred Scripture to those who will prepare a loved one’s funeral.

*Words of remembrance or eulogies* are not part of the funeral Mass. As regulations vary from diocese to diocese, the parish where the funeral Mass will take place will be able to provide helpful information on ways of including words of remembrance.

*Homily:* A brief homily based on the readings is always given after the Gospel reading at the funeral liturgy; it is not a eulogy. The homily is directed at helping all who are gathered to understand the mystery of God’s love and how the mystery of Jesus’ victorious death and resurrection were present in the life of the deceased and are present in our lives.

*Music* is an important element during the funeral. The words of the sacred hymns and songs in the parish’s music resources “express the mystery of the Lord’s suffering, death and triumph over death” (*OCF*, 30). Many dioceses have policies for music at funerals. The parish can advise on this.

*Funeral outside Mass:* When Mass cannot be celebrated, a funeral liturgy outside Mass may be used. A Mass for the deceased should be celebrated, if possible, at a later time (*OCF*, 12). A funeral liturgy outside Mass is ordinarily celebrated in the parish church (*OCF*, 350).

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3. **The rite of committal:** “The rite of committal, the final act of the community of faith in caring for the body of its deceased member (OCF, 377), is celebrated at the grave, tomb, or crematorium and may be used for burial at sea” (OCF, 512). Prayers are offered to commit the body to its final resting place. When the body has been or will be cremated, appropriate adaptations are made to the prayers of committal and signs of farewell.

### **Resources:**

Catholic Funerals and Eulogies, the Pall and the Flag

[https://www.cccb.ca/wp-content/uploads/2017/11/Catholic\\_Funerals\\_and\\_Eulogies\\_the\\_Pall\\_and\\_the\\_Flag.pdf](https://www.cccb.ca/wp-content/uploads/2017/11/Catholic_Funerals_and_Eulogies_the_Pall_and_the_Flag.pdf)

Sacred Scripture Selections for a Funeral Liturgy

<https://esubmitit.sjpg.com/cccb/index.aspx?component=ProductDetails&id=182-421%20>

### **Cremation:**

Catholics and Cremation

<https://www.cccb.ca/document/catholics-and-cremation/>

Cremation and Funeral Liturgies

<https://www.cccb.ca/wp-content/uploads/2019/12/185-134.pdf>

### **French resources:**

Passages De La Vie

<https://www.diocesemontreal.org/fr/passages-de-la-vie/deuil>

La célébration des funérailles chrétiennes

<https://www.archtoronto.org/fr/our-faith/sacraments--sacramentals/funerals/>

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*Horizons of Hope: A Toolkit for Catholic Parishes on Palliative Care. Module 4.*

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