

A Publication of Harbor Hospice

# Touching Lives™

*Holding Hands. Holding Hearts.*

## 5 Ways to Support Loved Ones

**Go Ahead – Give  
Yourself A Break**

**Finding the  
Help You Need**

**Letting Go of  
Life's Regrets**

**Why Spiritual  
Beliefs Matter**

**HARBOR**  
HOSPICE

Your Journey. Your Terms. Our Expertise.

## FEATURE ARTICLE

### 10 5 Ways to Support Loved Ones

By Kerry Egan



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## Welcome to *Touching Lives*



### It's About Remembering

Because you are reading this wonderful magazine, it is likely you have experienced deep grief. Perhaps it still lingers. For most of us, the memories of those we've loved and lost are often close to the surface. Just when we think we're "over it" we hear a song on the radio or come across an old photo of happier times, and grief wells up again. It hurts, it threatens to stop us in our tracks, and it can make us feel terribly alone.

Grief is normal. It is what happens when we lose something important or someone dear to us. Yet the message most of us get from early on is that grief is something to *get over*. "Take a few days," we're told, "then come back to work. Forget about it. Move on. You'll be fine." When we can't seem to do that, when we seek ways to numb our pain with sleep or drugs or unrelenting activity, when it overwhelms us or fills us with anger, grief can roll over into other parts of our life, creating chaos and more heartache.

At Harbor Hospice, counselors encourage family and friends to talk about their grief, to tell stories about the people they loved, and to tell them again and again. Because it's not *forgetting* that makes us feel better. It is *remembering*. Cherishing and sharing our memories of those who made our life so special helps us heal.

I hope you read and share with others the stories here that explore ways we can help ourselves and others navigate the all-to-familiar neighborhood we call grief.

Lisa Cummins

President/CEO, Harbor Hospice  
and Harbor Palliative Care

**HARBOR**  
HOSPICE

**Harbor Hospice and Palliative Care**  
1050 W. Western Avenue, Suite 400  
Muskegon, MI 49441  
231.728.3442  
1.800.497.9559  
HarborHospiceMI.org

“  
*When I think about the people I've lost in my life, I look at nature. When I see the wind blowing in the trees, it reminds me of my free-spirited sister, and that comforts me.*  
”

## — GRIEF SUPPORT GROUPS —

# My Tribe That Listens, Cares and *Gets It*

*By Teresa Taylor-Williams*

I lost my husband, Ricky Williams, on March 7, 2014. His passing was sudden and unexpected—Ricky died just two weeks after being diagnosed with leukemia. He was 46, and I was 43.

I was completely devastated and didn't know the magnitude of what I was to face. I quickly resumed work and my sons returned to school. We plodded through the days, desperately trying to cope without our fearless leader, the head of our household who kept our family together.

My sons, then ages 13 and 17, threw themselves into school, sports and friends. I was on automatic pilot. I forged ahead—I worked, slept and made sure the boys' needs were met. Looking back, I can say that we retreated and attempted to find our own ways of coping. In actuality, we were treading gingerly around the crater-sized absence in our home and in our hearts.

Then I fought it: I wanted nothing to do with grief. I wasn't very familiar with losing anyone close to me,



and didn't know what grief was "supposed to look like." In my mind, I thought grieving meant that I'd be in a useless heap in a dark corner, crying all the time. I didn't have time for that. I had a household to keep afloat, two teenage boys who were lost without their strong father, and I worked two jobs. Bills don't stop coming just because you need to grieve.

A co-worker suggested one-on-one counseling at Harbor Hospice, saying that it helped her when her grandmother died. I grudgingly went. From there, I attended a grief class, and also attended the general loss support group.

I was in and out because I went through bouts where I thought, "I got this. I'll be ok."

After a break from attending for about a year, I felt like I was unraveling. The holidays can be a huge trigger for some, simply because that's a time for families to be together, and memories tend to surface.

I resumed attending grief support groups and have been going pretty steadily since 2018. I schedule my life around them as much as possible.

Grief and spouse loss has thrust a new identity on me. I continue to do a lot of introspection as to who I am now in this phase of my life. And one thing I have learned is that grief support helps keep me balanced.

My grief group is my tribe. I can talk about anything related to my husband and also my father, who died in January 2017. I never feel judged. We care about one another, and we don't tire of hearing about each other's experiences.

Those who have never attended should know that these grief support groups are anything but depressing. The hour is well structured, and facilitators Beth and Laura are wonderful professionals who offer an unlimited supply of caring words, helpful suggestions, and resources. The peer support that we get from other participants is huge because there are things that, well, we just don't have to explain because they "get it."



*Teresa Taylor-Williams*

What is profound to me is that we are all so very different. We are men and women, rural and urban, white, Hispanic, African American, seniors and not quite.

But we all have death in common. It's an ugly thread that somehow beautifully unifies us.

Some of us liken our grief groups to that of Alcoholics Anonymous, simply because we will never be done with grieving. It is something that will always be part of our lives, and we desire the tools to help us cope. Grief groups are not for everyone, but there is something to be said for being surrounded by others who never get tired of hearing about our loved ones, and who understand the devastation of loss. We "get it."

May the Lord richly bless the work of Harbor Hospice and its grief support services. You may never fully know the impact of what you are giving to others struggling with grief. I am indeed grateful. ✨

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Teresa Taylor-Williams is a journalist, student, mother of two young adult sons and grandmother to one. She is currently finishing a children's book in tribute to her late husband, Ricky. She and her family reside in West Michigan.

# Finding the Help *You Need*

**I**t's hard to imagine a time when hospice wasn't an option for every family who wanted a loved one to die with comfort and dignity.

When hospice care was first established in the United States, it was adopted mainly by cancer patients. There was no Medicare or insurance coverage for hospice care, and it was usually offered in the patient's own home.

But times have changed. Today, hospice care is widely accepted as an important level of care for any patient whose disease no longer responds to aggressive, cure-oriented treatment.

Of the 1.45 million Americans now in hospice, most have life-limiting diseases other than cancer, such as heart disease, lung disease, kidney failure, stroke or coma, liver disease, AIDS, and amyotrophic lateral sclerosis (ALS). Hospice care is covered by Medicare, Medicaid, private insurance, and managed care plans.

More families are also turning to hospice care for aging parents debilitated by dementia, including Alzheimer's disease. As they approach the end of their lives, patients with dementia benefit from pain and symptom management, as well as the emotional and spiritual support that hospice provides, while family caregivers get much-needed help caring for their loved one.

In dementia units, a lot of intensive work is done with the families. When hospice gets involved, it's generally in the last phase of their lives, when they are debilitated. The treatment is the same – physical support, social workers, work with the family, and pastoral care.

*By Marlene Prost*

While most hospice care is still provided at home, that, too, is changing. Americans are living longer with chronic diseases, and many who can no longer care for themselves are moving into nursing homes, and assisted-living and dementia care facilities. That is now their home, which is why 32.8 percent of hospice patients last year received specialized end-of-life hospice care in a nursing facility.

This growth reflects the increased provision of quality care for dying persons who are not in the traditional home setting. For many people, the nursing home is their home, and they deserve the compassionate, quality care that hospice and palliative care providers are trained to deliver.

Compared to similar nursing home residents not in hospice care, hospice patients are more likely to be assessed for pain, twice as likely to receive daily treatment for pain, and more likely to receive pain management in accordance with clinical guidelines. What's more, they are less likely to require hospitalization in the final 30 days of life. ❧

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Marlene Prost is a freelance writer, magazine editor and book author.

# Getting THE BEST CARE

by Dr. Ira Byock

I've heard too many people say they are worried about what a doctor thinks of their decisions – remember, it is your life.

If you or a close friend or relative has recently been diagnosed with a serious illness, you are probably feeling overwhelmed and vulnerable since treatment options are often complex.

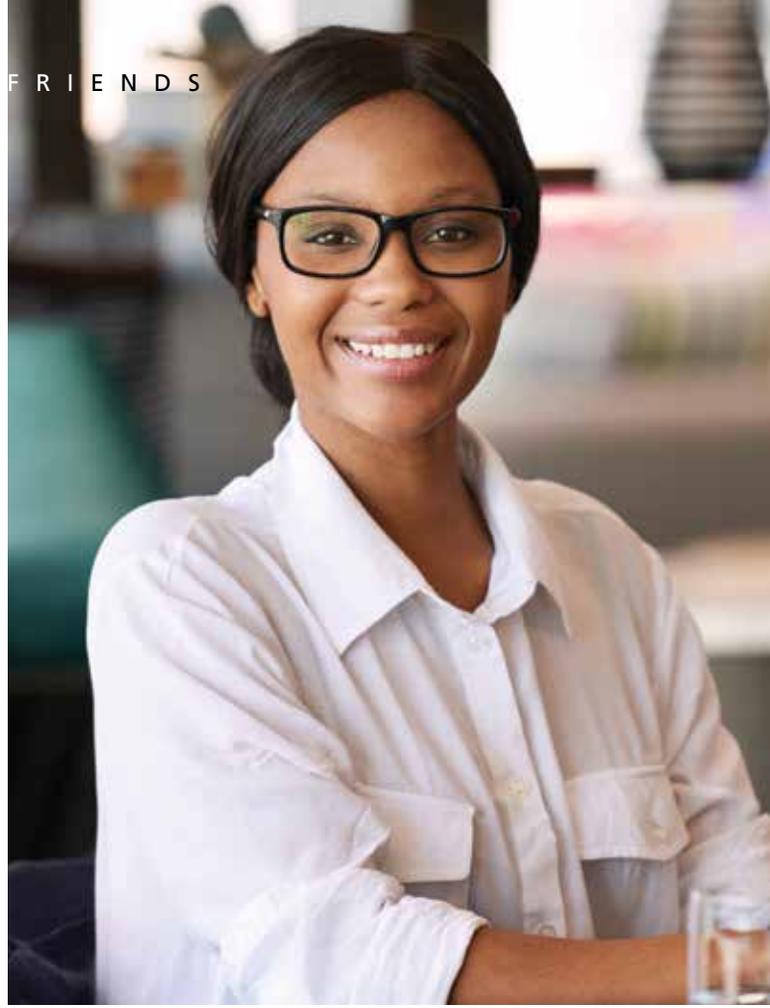
Although you may want to rely only on healthcare professionals for advice, it's important to be prepared to advocate for yourself and your family. As much as I respect my colleagues and am proud to be a physician, doctors exist to serve patients and the public.

Here are some ways to avoid problems and get the best care possible for yourself and loved ones.

## Take Control of Decisions

Identify doctors who are experts in your condition and then work closely with your health care team. Although we wish every physician had a warm personality, it is not as important as feeling confident that he or she genuinely cares about your wellbeing. If not, find a new doctor. Feeling comfortable is essential to your care.

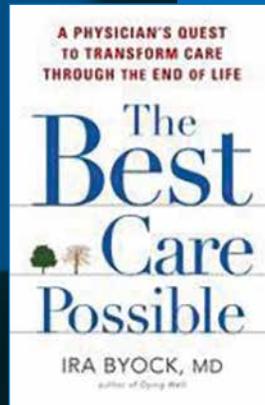
Here are some ways to help you take control and be an active participant in your treatment.



- **Write down questions** you have for your doctor. It can be scary to be seeing a specialist for cancer, memory loss or serious heart, lung, kidney, liver problems. It is not easy to remember all the questions you have had about your medications, symptoms or treatments.
- **Bring someone with you** to doctor's visits to support you and to remember (you may want to record) details of the conversation.
- **Keep copies of your health records** – it is your right to ask for test and biopsy results, lab reports, physician history, reports of physicals and hospital discharge summaries.
- **Keep a daily log of your symptoms and the medications you take.**

## Get A Second Opinion

When faced with a dangerous diagnosis, second opinions can be important in getting the best treatments. Use the internet, local experts and word of mouth and don't feel awkward about gathering second – or third or fourth – opinions from the best health care centers and teams.



## Do It Your Way

Visit **The Conversation Project** ([theconversationproject.org](http://theconversationproject.org)) a national effort to ensure that people's wishes are expressed, known, and honored. Information and advance directive forms are available at little or no cost from sites such as **Everplans** ([everplans.com/articles/state-by-state-advance-directive-forms](http://everplans.com/articles/state-by-state-advance-directive-forms)).

### Ask About Palliative Care

I strongly advise that one of the medical opinions you seek is with a palliative care physician or team.

Because palliative care grew out of hospice, many people assume that receiving palliative care means giving up. Not true. These days palliative care is provided together with treatments for cancer, heart, lung, liver, kidney and neurological conditions.

Specialized clinical teams work together to minimize pain, increase appetite, help patients sleep better, be more active and feel more comfortable physically and emotionally.

### Name A Trusted Advocate

The best way to support one another – and protect one's family from conflict and having to deal with ethics committees or a court – is to make it clear in writing who has authority to speak for you. Make it official.

Give the document to both your doctor and the hospital(s) where you are likely to receive care. Scan a copy of your signed document to share with your health care agent and trusted family members and friends.

### Don't Be Afraid to Make Changes

If you don't like or trust your doctor, hospital or medical facility, find a new provider.

Do not feel badly about being disloyal to the hospital you've used for years – this is your life.

Hospice programs provide end-of-life care including managing medical matters and supporting families. You should expect the hospice nurse, social worker and physician to be highly competent, friendly, proactive and responsive.

If the hospice staff seems uncertain, stretched thin, and slow to respond after hours (even though they may be warm and friendly), talk to other hospice providers and ask specific questions.

Remember, at the end of the day, what matters most is getting the best care possible for you and your loved ones. This is no time to settle for less. ✨

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Ira Byock, MD is Founder & Chief Medical Officer, Institute for Human Caring of Providence Health and Services. He is an active emeritus professor at Dartmouth's Geisel School of Medicine and author of *Dying Well*, *The Four Things That Matter Most* and *The Best Care Possible* available at [IraByock.org](http://IraByock.org).

# Go Ahead – Give Yourself a Break

## Rejuvenate in ways that feel good

*By Paula Spencer Scott*

**L**aura Patyk hated to leave her mother's bedside when she had end-stage congestive heart failure, just as two years earlier, she'd hesitated to leave her father-in-law, who had kidney cancer.

Both elders were in the good hands of hospice programs but it always felt selfish to her to take a break.

"And sure enough, I kept getting sick and developed insomnia," says Patyk, who also cares for six school-age children. "I learned the hard way to take better care of myself, no matter what."

Burnout is a real risk for family members caring for a loved one. Professionals call it "compassion fatigue" – caring so much that you give yourself too little. It's a byproduct of the stress and fatigue that can hamper caregivers, says Patricia Smith, a certified compassion fatigue specialist in Mountain View, California, and founder of the Compassion Fatigue Awareness Project.

"Stress is all about 'too much' – too much work, too much activity, too much stimulus. Burnout is 'too little' – too little time, too little interest, too little energy," she says.

Whatever you call this distressing syndrome, here's a healthier approach:

### **Be aware that this is a very real issue.**

"The premise of healthy caregiving is this: Fill up, empty out. Fill up, empty out," says Smith. "Caregivers who are at risk for compassion fatigue empty out, empty out, empty out. They never learned to fill up so they have something to give."

Warning signs of burnout include isolation, bottled-up emotions, persistent sadness and apathy, lack of interest in self-care, and persistent ailments such as colds or gastrointestinal upset.



**Don't think that "nobody can do this but me."** It's true that you know your loved one better than anyone, and you provide a wonderful level of care as a result. But others – family, friends, community resources such as nursing aides and elder companions, or hospice and palliative care teams – can also provide competent, even excellent, care. And their doing so frees you up to refresh and recharge.

**Figure out what "fills you up."** Give thought to what replenishes you. Walking? Reading? Knitting? Spending time with friends? Being out in nature? Plenty of restorative activities don't cost anything and are always available to you.

**Recharge in ways that feel authentic to you.** If your best friend wants to drag you shopping but you find it draining, you won't feel refreshed. Find what works for you, not anyone else. "The art of 'filling up' is finding what brings you peace, well-being, and a sense of belonging," Smith says.

**Take technology breaks.** There are other sources of stress in our lives that can contribute to burnout. "Because we all love our iPhones, BlackBerrys, iPads, and pagers, we are 'on call' 24/7," Smith says. "Set boundaries. Check your email at 9 a.m., noon, and 6 p.m. only. Limit how much time you spend on your cell phone. Take a complete break from technology on weekends."

**Don't be hamstrung by fears of what you'll miss.** Patyk, the Charlotte caregiver-mom, is now caring for her widowed, live-in father, who has cardiac issues. But this time around, she listens to her instincts when she needs a break. She goes bike riding around her neighborhood and lunches regularly with friends. She even recently got away to the beach overnight.

"There's always a little calm even in a storm," she says. "Even if something happened in my absence, I have no regrets because I know I'm doing and saying everything I need to." ❧

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Paula Spencer Scott is the author of *Soul-Saving Wisdom for Caregivers* and 10 other books about family and health.

## What a Caregiver Needs to Hear

Many caregivers neglect their own needs because they worry what others, including their loved one, will think if they take time away from caregiving.

That's why it's so useful for caregivers to hear encouraging messages of support from patients and the rest of the family.

*"You're not selfish."*

It may be true that we exist to serve others, but our own bodies also need our attention, to be fed and exercised and replenished. It's not selfishness to divert a little attention from a sick loved one to your own needs; it's being your human self.

*"You're not uncaring."*

Even in the midst of a crisis, the rest of life goes on. Tending to your own needs momentarily isn't a reflection on the level of love and care you feel for another.

*"You're doing us both a favor."*

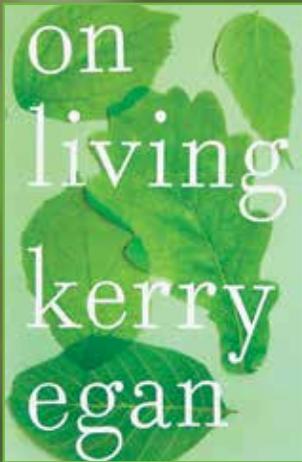
The stronger and more fortified you feel, the better able you are to provide compassionate, meaningful care, and the longer. If you're frazzled and dragging, you won't function well. And that in turn can endanger the comfort and safety of your loved one, which after all is your ultimate goal.





# 5 Ways to Support Loved Ones

By Kerry Egan



The hospice chaplain and author of *On Living* reveals what she's learned about supporting loved ones as they prepare to embark on their last journey.

## 1 Many are starved for touch.

"No one ever touches me anymore," my patient Betty said. "You can't imagine what that's like." She looked very small on her nursing home bed.

Didn't the aides touch her, I asked, when they took care of her, bathed her and helped her move?

Yes, she said, but it was different. They touched her because they had to, not because they loved her. It wasn't the same.

"I long to be held," she said, and her voice cracked and broke.

What could I do with such a deep, heartbreaking need right in front of me? What would you do? I lay next to Betty, wrapped my arms around her and kissed the top of her head, the way I do with my children when they go to sleep.

Many people who are dying are starved for touch. So ask your friend or family member whether she wants to be hugged. Put your arms around her. Hold her cheeks in your hands. If she wants you to, climb into bed.

## 2 They don't need to be told what to do.

There's a well-intentioned but odd piece of advice floating around out there that friends and neighbors of the dying should show up without calling first and do the laundry or clean out the refrigerator.

Without asking.



People who are dying often feel like they've lost so much control over their lives already. Someone taking over your home without permission can feel like yet another loss to bear.

Yes, offer to help with chores, but don't decide you know what needs to be done. Call first to see if your friend is feeling up to having visitors that day. Set up a time so he can be ready. Ask how you can be helpful.

Dying is exhausting. If the person says he's tired, go home. And if he cancels at the last minute, know that it might be that he feels absolutely awful that day. Don't take it personally. If he says he's overwhelmed by phone calls, believe him, and send a card instead.

### 3 They know you are scared, but they still need you there.

People who are dying are still living. They laugh, and reminisce, and love to see the people they love. They're still who they always have been, even as they go through this new experience.

But they're often crushingly lonely. Too many times, I've heard about the children, the friends, the churches, the clubs who have stopped visiting. "She doesn't need prayers! She needs her friends!" a husband whose wife hadn't had visitors in years once cried.

I get it. I really do. I've had education and training to be a hospice chaplain, and have probably visited over a thousand people who are dying, and sometimes it's still hard for me. Sometimes, the sights and smells overwhelm me. Some people die quickly and easily, but most, at least in hospice, do not. The body struggles to hold on, and it can be really hard to witness.

Someone who's dying often looks different, sounds different, smells different and can't do the things she might have once done. Too often, these changes, and perhaps their own fears of death or saying or doing the wrong thing, make a dying person's friends and family afraid of her.

Can you imagine knowing you're leaving this world soon, needing the people you love more than you ever have in your entire life, and all of a sudden, seeing that they're afraid of you? So try. Try really hard to overcome your fear, and call or visit.

### 4 They might not tell you the truth about their feelings.

"Do you know why you're my favorite?" a hospice patient named Stan asked. "Because you're the only one who will pray that I die this afternoon."

Stan closed his eyes and started again on his favorite pastime: imagining his own death. The scenarios were always different, but what he imagined heaven would be like always remained the same: He'd be walking down a path in a park, and his wife would jump out from behind a tree and yell, "Boo!"

Just as she had 70 years before, on the day they met.

One of the most common things patients ask me to pray for is that they die soon. It can be a huge relief to talk openly about and pray for a quick death, because often their family and friends shush them when they try to.

On the other end of the spectrum, I've had plenty of patients whose families have assured me that their loved ones aren't afraid at all because of family beliefs. And many of those patients, as soon as the family leaves the room, break down in tears, terrified and grateful for the chance to finally talk about their soul-shaking fear.

Never assume you know anything about their spiritual life or feelings. If you want to pray with someone, ask him if he wants to first. Then, ask what he really wants to pray for. There's a good chance you'll be surprised.

### 5 They're willing to learn with you.

Kate, my new friend at the swimming pool, welled up when I told her I was a hospice chaplain. That didn't surprise me; it's a common reaction if someone's used hospice for their family before.

"The nurse gave us this booklet that explained what would happen as Mom died, and it all happened exactly the way the pamphlet said it would!" Kate said as tears slipped from her eyes. "It was totally accurate!" Her voice caught in her throat.

I was confused. Hospice nurses give out these booklets to comfort families, to assure them that what they are seeing

and experiencing is normal. Why did it have the opposite effect? Why was Kate so upset?

“How did I not know this?” Kate continued. “How did I get to be 45 years old and not know that this is how people die? That it’s so well known they can predict it? It just seems like something I should’ve known!”

We don’t see death up close very often in our culture anymore, and most people have little or no experience navigating it, so it’s normal not to know how it usually happens, and that there are steps and stages to it. Add in the fact that you might already be grieving for your loved one even before he or she is gone, and it’s a recipe for confusion and regret.

It’s okay that you’re not an expert in dying. The person who is dying has never died before either. You can muddle through this process together.

Hospice patients are surrounded by aides, nurses, social workers and chaplains who do know what they’re doing. Ask them for advice and information. Don’t be ashamed of being nervous or overwhelmed. Not knowing what you’re doing is not a reason to stay away.

What people who are dying really need is to be surrounded by the people who love them, even if those people have no idea what’s happening. Your loving presence is the greatest thing you can offer someone. You don’t need to know anything to do that. ❧

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Kerry Egan is a hospice chaplain and the author of *On Living*.

## Share Your Life Stories

by Kerry Egan, hospice chaplain

No matter how you feel about a life limiting diagnosis, I want you to know that you are precious, and the story of your life is precious. There is a universe of wisdom in the story of every person’s life, if we would only listen to each other and to ourselves.

So find someone who will listen – it could be your chaplain, social worker, nurse, aide, or your volunteer from hospice. Or perhaps it’s a dear friend, or a beloved family member. Find someone you can trust with the enormity of your life’s stories, the joyful and terrible events and tiny details that mean everything to you.

I know your stories are there, waiting to be told, because no one has ever said to me, “You know what? Nothing really happened in my life.” Not a single person. There is a story, and great value to be found in every life.

If you can’t share your story with another person, for whatever reasons, tell yourself, or tell your God. Because this is how people find the meaning of their lives: by remembering the events they experienced, the things they created, and most importantly, the people they love and have been loved by.

# Why Spiritual Beliefs Matter

By Harold G. Koenig, M.D.

According to research, people who have a faith in God believe that nothing is random, that all things have a purpose, and that no situation exists that God cannot use for good. Interviews with people who are experiencing disabling, life-threatening, or terminal illnesses report that religious beliefs are frequently used to cope and the majority say that this gives them meaning and peace.

Even the archenemy of religion, Sigmund Freud, said that “... *only religion can answer the question of the purpose of life. One can hardly be wrong in concluding that the idea of life having a purpose stands and falls with the religious system.*” The scientific worldview sees life as having no ultimate purpose or meaning, but only a freak accident resulting from random forces of nature.

Research has also revealed that those who are more religious have more hope and are more optimistic. While atheists may call this hope “delusional” and such optimism “unrealistic,” they will never be able to prove their points since no one will know the answer to that question until they cross over the threshold of life – when it will either be too late or it won’t matter.

The person of faith, though, will possess the delight of hope and the joy of optimism during the remaining moments of his or her life,



something that the unbeliever may never experience, prevented by dependence on and trust in the rational mind.

When confronting death, a natural response is fear – fear of the unknown, of the ultimate loss of all control. Religion helps people to deal with that fear. In the Christian tradition (but certainly not limited to this particular faith) is a scripture that says, *“love casts out fear.”* What is the love that casts out fear? The love that casts out fear is the love of God and the love of people.

### **First, is the love of God.**

Loving God means trusting God with all the unknowns and unfathomable situations in life, including death. Trust in God means believing that when we stand at the precipice of death and must take that step into the unknown, that God will be there to catch us in his arms and carry us to safety.

The belief that God is real

outweighs any fear and concerns of what might lie on the other side, and the trust we have that God will protect us completely nullifies whatever fear we may have of the unknown.

Those who have known God in life have nothing to fear in death, for the one who loves them is waiting to greet them.

### **Second, is the love of others.**

This love also casts out fear and gives purpose and meaning to those who are dying, and so is essential to a good death. Religious teachings and rituals surrounding death help make the transition easier for the dying person and for the family that is left behind. These sacred rituals connect the dying and the living to the life that extends beyond this life, and helps all to say goodbye. That farewell, however, is only a temporary one.

Faith is what guarantees that there will be a time of reuniting and celebration beyond the grave.

Most religions have beliefs and rituals that make possible the forgiveness of sins committed during this life, and provide an opportunity for the forgiveness of others. That forgiveness helps to heal the wounds inflicted on the dying person and by the dying person on family and friends, and minimizes the pain of separation and the regrets and sense of loss that family and friends are left with after a person's death.

A good death should be one without regrets where the dying person has done everything possible to leave this earth with a clean slate and leave others with a clean slate as well.

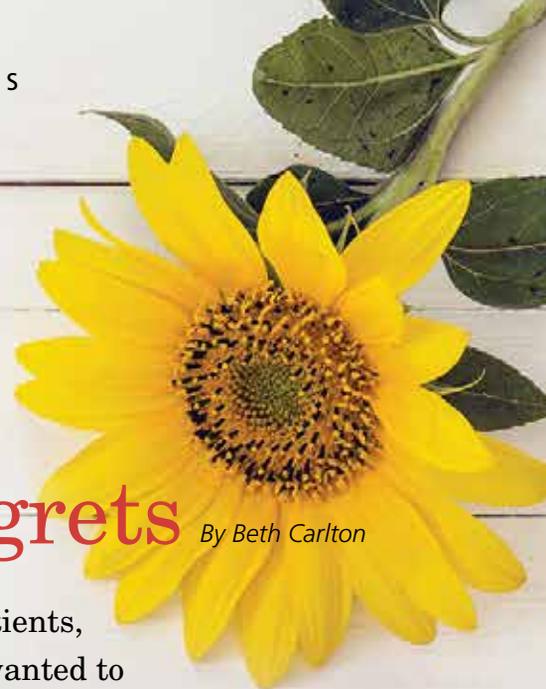
Those with faith, both the dying and the living, then will say “I love you” and “farewell for now” – each person leaving the other in the care of God, the comforter behind the door that all will someday walk through. ✕

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Harold G. Koenig, M.D. is the Director of the Center for Spirituality, Theology and Health at Duke University Medical Center, Durham, NC.

# Letting Go of Life's Regrets

By Beth Carlton



As a palliative care nurse/counselor caring for terminally ill patients, Bronnie Ware asked her patients if they had any regrets they wanted to share about their lives and anything they would do differently if given the chance. In her book *The Top Five Regrets of the Dying*, Bronnie shares the most common regrets expressed at end of life:

**I wish I had pursued what I wanted, rather than expectations**

The most common regret was about not honoring one's own dreams and making choices based on what others expected.

**I wish I had not worked so hard**

Expressed by every male patient, Bronnie asked what they would have done differently. Most believed that a simpler lifestyle and better choices would have allowed them to be happier and spend more time with loved ones.

**I wish I had the courage to express my feelings**

Many people suppressed their feelings to keep peace with others which often resulted in resentment. It's never too late to be deepen mutual respect and healthy relationships by

communicating kind, honest and constructive feelings.

**I wish I had stayed in touch with my friends**

Many had become so focused on their own lives that they had let friendships fade away. Often patients try to reach out to family and friends to restore relationships that were meaningful to them.

**I wish I had let myself be happier**

This is a surprisingly common one. Many did not realize until they were nearing the end of their lives that happiness is a choice. They had stayed stuck in old patterns and habits. Fear of change had them pretending to others and to their selves that they were content when deep within, they longed to laugh and be light hearted again.

Although we cannot change the

past, there are things we can do today to enhance our lives.

- Apologize for the things you regret and ask for forgiveness.
- Be willing to forgive yourself and forgive others.
- Fix what can be fixed and let go of what cannot be changed.

Talking with someone about these feelings – a partner, a dear friend, a spiritual advisor, someone you trust – can help process these feelings so that they no longer feel painful. It may take many tries but eventually many patients feel the burden lifted by coming to terms with their life regrets.

According to Bronnie, nothing else mattered to her patients in the final days of their lives but love and relationships. ❄

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Beth Carlton is a freelance writer who specializes in health care issues and end-of-life care.

# Good News & Great Opportunities for You with a Donor-advised Charitable Gift Fund!

By Eric M. Lans, CFP®

Recent changes in tax laws related to charitable giving can be pretty confusing. As a Certified Financial Planner™ and member of the board of directors of the Harbor Hospice Foundation, I'd like to tell you about one of my favorite options to maximize *both* charitable impact *and* tax benefits. It's called a donor-advised charitable gift fund, and here's how it works.

Let's say you own stock or mutual fund shares that you purchased for \$50, and those shares are now worth \$100.

If you sell those shares and donate the proceeds to the Harbor Hospice Foundation, you have to pay tax on the capital gains (the difference between the purchase price and the sale price, or in this case \$50). Once the capital gains tax is paid, you have less money to give the Foundation. Assuming a 15% capital gains tax rate, it's \$7.50 less. If you then write a check to the Foundation for \$92.50, you'll receive a charitable deduction for \$92.50.

Instead, if you have a donor-advised charitable gift fund, you can transfer the appreciated shares into your fund. Those shares are then sold, and *all the proceeds* remain in your fund. No capital gains tax is payable or required.

When you transfer shares into your donor-advised charitable fund, you get a tax deduction for the full value of the shares, or \$100. So you get a bigger deduction for income tax purposes and you pay no capital gains tax. *The full \$100 is available for you to grant to your charity of choice.*

It gets better. After you fund your charitable account with those appreciated shares, you can grant the money to charities at any time in the future.

This means you can "front-load" your charitable giving. For example, if you know you're in a high-income

(i.e., high marginal income tax rate) year this year, you can contribute a lot of shares to your donor-advised charitable gift fund and *get the full deduction for this calendar year*, even if you plan to grant money from your fund to charities in future years when your income (and marginal income tax rate) is expected to be lower.

If you don't normally itemize your deductions, you can also use a charitable gift fund to "bunch" your charitable gifts into one year in order to itemize, even if money is granted to charities over several future years when you don't itemize. The result is greater tax savings.

Donor-advised charitable funds are a big win for you *and* for the organizations you love and want to support! Interested in learning more? Talk to your financial advisor, CPA or tax preparer. If you don't have a financial advisor, contact me, and I'll be happy to guide you. ✕

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Eric M. Lans is a Certified Financial Planner™ and Partner at First Financial Advisors, Inc. in Muskegon, and we are grateful to have him serving as a member of the Harbor Hospice Foundation board of directors. You can reach Eric at 231.733.4084 or [eml@firstfinancialadvisors.com](mailto:eml@firstfinancialadvisors.com).



# Comfort Comes in Many Forms

By Susan Newhof

**B**ill began writing poetry. Brayden frequently lit a candle as a reminder of his grandfather. Teresa refocused on her two suddenly fatherless boys, worked two jobs, and wrote a children's book in tribute to her late husband.

Whether we're young or old, losing someone we love can change our life forever. "What now?" we ask ourselves. "How do we fill the terrible void?"

For some, activity is a good antidote. Getting back into comfortable patterns such as volunteering, having lunch with friends, fishing or working on a car with a buddy can provide much-needed time to share feelings and reinforce important connections with those who care.

Writing a journal can help process emotions. Many find comfort in acknowledging the anniversary of the death of a loved one and posting photos on social media, such as Facebook. Even years after losing someone close, online "hugs" and messages of support can be exactly what a grieving family member or friend needs to get through a tough day.

Harbor Hospice offers several opportunities for counseling that can also help those struggling with grief. Our support groups appeal to people of all ages, especially older adults who are used to gathering with others to share stories. The common bond among those in group counseling

is that they have all suffered a loss. Regardless of their varied backgrounds and circumstances, they can relate to the heartache each feels and are comfortable talking openly about *everything* including "taboo" subjects such as suicide.

"Many in group counseling would not likely become friends if they met under different circumstances, but when they come together around their grief, they connect," says Harbor Hospice counselor Beth Bolthouse. "They get to know each other. They share their stories over and over and listen to others tell theirs. It is what they need. And they care for each other. I've seen people bring food for someone in their group because they were concerned the individual wasn't eating enough."

One-on-one counseling is also available, and there are excellent reading materials for those most comfortable going it alone.

"We look for a person's strengths, what interests them, and what matters

to them," adds grief counselor Laura Ecker, "and we help them channel those elements into healing."

Death can be confusing for children, and often their grief is layered with guilt. To attend to their special needs, Harbor Hospice operates Camp Courage for children ages six to 19, which offers three days of outdoor fun plus targeted activities and counseling to help them cope with their loss.

"We offer support for as long as it is needed," explains Beth. "Sometimes a person comes in after an event triggers feelings about their loss 15 years earlier. We welcome them, because grief has no timeline, and I assure them we'll go through it together."

All Harbor Hospice grief counseling is free. For information, call Beth or Laura at 231-728-3442. ✘

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Susan Newhof is a writer, speech coach, and communication strategist who has been helping tell Harbor Hospice stories for many years. She lives in Montague.



# From Wakes to Tattoos, Each Generation Seeks Ways to Honor and Grieve

By Susan Newhof



**I**t is completely normal to grieve deeply for those we lose. It is also normal for us to express our grief and seek comfort in substantially different ways—so different that sometimes the choices one person feels are appropriate can confuse or offend others.

When a loved one dies, those who grieve typically represent several generations. Each has been influenced by the world they know, and those experiences have an impact on how they feel about everything from burial and cremation to last rites and posting granddad's passing on Facebook. Understanding their differences can help us anticipate each person's needs and support them as they manage grief in ways that are meaningful to *them*.

**The Silent Generation** born 1925 to 1945: The lives of this generation were shaped by war, and they often identify strongly with patriotism. They put duty before pleasure. They are systematic and comforted by tradition. They tend to show their respect by embracing formal funeral practices such as a wake, visitation, a traditional service, a flag-draped coffin and military escort, a luncheon, and burial in a cemetery. They might come to grief counseling just because it is part of "the process."

**Baby Boomers** born 1946 to 1964: This active group benefitted from civil rights and economic prosperity, and they seek to balance duty and happiness. They adhere to traditions but to a lesser degree than the generation before them. They are team oriented, like group decisions, and do well in group counseling because they believe they can make a difference when they work together. They are likely to get remarried if their spouse dies.

**Generation X** born 1965 to 1979: Many in this generation were raised by single parents. They are independent and worry about life balance because their single parents were often stressed or overworked. Entertainment and the Internet played a significant role in their formative years and they are tech savvy. They don't like the fuss around a funeral. Cremation is preferred, in part because it is less expensive. They can be isolated when they mourn and may memorialize a loved one in private ways, such as getting a tattoo. One-on-one counseling may work best, and on-line materials are helpful to them as they can process grief by themselves.

**Millennials** born 1980 to 1994: Technology-driven millennials are fast-paced multi-taskers! They'll work in the morning, attend a celebration-of-life luncheon, and return to the office in the afternoon. Many have never been inside a funeral home. Counseling works if offered on a technology platform so they can work on something else at the same time. To reach this group, be brief and concise, use technology, and don't judge them when they are focused on their cell phones. Social media is where they express their feelings and find comfort.

By understanding the experiences and attitudes of each generation, we can deepen relationships and increase the possibility that the needs of those around us grieving someone close can be met. ❧

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Susan Newhof is a writer, speech coach, and communication strategist who has been helping tell Harbor Hospice stories for many years. She lives in Montague.



“Grief and loss are part of all our lives, and can feel overwhelming and discouraging. Having a safe place with caring people who provide meaningful support makes a difference. That is why the Scolnik Healing Center of Harbor Hospice exists.”

Beth Bolthouse, MA, LPC Bereavement Counselor  
The Bob & Merle Scolnik Healing Center

Pictured – Scolnik Healing Center  
Team and leadership  
(Beth, third from front)

## Finding hope through healing.

Grief support is an important part of the services Harbor Hospice offers to its families and our community. Harbor Hospice provides a variety of supportive services for those who are grieving after the death of a loved one, a beloved pet, or dealing with other losses associated with caregiving, health issues and other life situations.

Our grief support services are free of charge and available to anyone in our service area at our Healing Center, located in downtown Muskegon at 1050 W. Western Avenue, Muskegon, MI 49441. We also assist with coordinating grief support needs for those who live outside of Muskegon County.

Your loss matters. Grief has no time limit, and many find that reaching out for support and help can increase a sense of well-being and strength. Give our licensed, trained professionals a call at 231.728.3442 or 1.800.497.9559 for more information or to speak with a grief counselor.

***We are here to help when you need us.***

To learn more visit [HarborHospiceMI.org](http://HarborHospiceMI.org)

The Bob & Merle Scolnik  
**HEALING CENTER**

**HARBOR**  
HOSPICE