



Canadian Breast Cancer Network
Réseau canadien du cancer du sein

TALKING PALLIATIVE CARE

End-of-life is not an easy topic to think about, let alone plan for. Understanding what palliative care is and what decisions you will face when planning for end-of-life is central to ensuring your needs and wants are met when you may no longer be able to make decisions for yourself. This Talking Palliative Care series focuses on topics such as pain management, grief, hospice and palliative care considerations and more. Special thanks to the [Canadian Virtual Hospice](#) for providing their expert guidance on this series.



Symptom Management and Getting the Most Out of Your Palliative Care Team

The thing to know about palliative care is that you don't actually need to be at the end of life to get the benefits of it. Palliative care is about getting the best quality of life while living with a life-limiting diagnosis. Symptom management and maintaining your emotional well-being are key aspects in palliative care treatment.

Palliative care while living with metastatic breast cancer can look different to each person. In the early stages, your primary oncology team will likely be who you see for symptom management. According to the [Canadian Virtual Hospice](#), many palliative programs will offer consultations and advice to your oncologist. You can also see social workers, spiritual care providers, and physiotherapists.

When the time comes to make the difficult [decision to end treatment](#), you may be transferred to a specialized palliative care team. [Most programs](#) specializing in hospice palliative care will start seeing patients within six months of death, but this can vary by program and facility. This team will be responsible for ensuring you are comfortable straight through to the final days of life.

When it comes to symptom management for mBC, pain is often the most common concern we're asked about. There are different ways your palliative care doctor can help you relieve pain depending on where it is and how bad it is. Medication can be used beginning with over the counter medicines like acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs). Stronger doses can also be prescribed by your doctor. Opioids are drugs that can be prescribed if your pain becomes severe and come in a variety of strengths as well. Cannabinoids can also be used to help manage pain; currently not all physicians are comfortable prescribing cannabinoids, but your palliative care team can connect you with a physician who is.

Other forms of pain relief are available if medicine is not the only way you want to treat your pain symptoms. Medically, your doctors may use surgery or radiation to help treat your pain. Acupuncture, massage, transcutaneous electric nerve stimulation (TENS) and meditation have all been shown to help relieve pain symptoms. These complementary therapies can also help relieve other symptoms you may be experiencing. You can learn more about complementary therapies by reading our [Complementary Therapies](#) digital magazine.

The most important way for your doctor to help relieve pain symptoms or any other symptom you may be experiencing is to let them know about it early and when it changes. Keep a diary or use an app like our [Health Storylines App](#) to track your symptoms. Keep track of details like:

- How severe is your pain?
- Where is it?
- What does it feel like?
- Does it come and go?
- What causes it?

How you treat your symptoms can largely depend on how much information you share with your doctors, whether or not they are specialized in palliative care treatments. Talking to them early on and creating a plan for when the symptoms progress or change is important to helping you feel in control of the management of your disease.

Symptoms and side effects of your cancer will progress gradually once you choose to stop your treatments. Creating an [Advance Care Plan](#) that outlines how you want your pain and other symptoms managed is also important.

For more information on treating pain during palliative care, read this [article](#) from our partners, the Canadian Virtual Hospice, on pain and pain management.

Choosing Your Care



We can all agree that when it comes to making end of life decisions, comfort is one of the most important considerations. Comfort can mean different things to everyone. Staying at home for as long as possible or until death may be preferred by some people while others may feel more comfortable in a facility. If you're unsure of what will make you most comfortable here are some things to consider.

What's Available in Your Community

In Canada, we don't have a federally regulated hospice palliative care program which means the availability of services can vary based on your physical location. Depending on where you live you may have access to home care or community services, dedicated hospice facilities or hospital services. Ask your healthcare team what resources are available where you live or use the Canadian Virtual Hospice [Programs and Services locator](#).

In-home care may sound appealing for you if you feel more comfortable being in a familiar setting and having family close by. Ask your healthcare team if there are home care programs and community services that can be provided to help make at-home hospice possible. This can include coverage for the cost of medications or equipment, respite care and nursing visits.

A hospice, long-term care facility or hospital can provide palliative care to you and your family. A dedicated facility will provide access to nursing, personal support workers and doctors, medications and living arrangements. Some public facilities may have wait lists as the demand can outweigh the availability.

Funding for Hospice Palliative Care Services

Even though we have a publicly funded healthcare system in Canada, not all hospice services will be covered by your province or territory. Some may offer home care programs that will provide services at no cost. Not all equipment may be covered through these programs and families may be required to pay out of pocket for rentals.

Facility based care also varies by location. Provincially funded long-term care homes may be available or there may be residential hospices run on donations. Other hospices, however, may require fees for the care they provide. Any larger centers with hospitals that have dedicated palliative care units will be paid for by the province.

To help offset these costs you may be able to access additional coverage through private insurance benefits. If you haven't already, you can also apply for benefits through the Government of Canada or Quebec. If you're over the age of 65 you can access the regular [Canada Pension Plan benefits](#) or [Quebec Pension Plan benefits](#). If you're under the age of 65, you can also access benefits through the [Canada Pension Plan Disability benefit](#) or [Quebec Pension Plan disability benefit](#).

Your family members may also apply to receive benefits to help offset the costs of providing care for a dying loved one. The [Employment Insurance Compassionate Care Benefit](#) gives temporary income support for caregivers of family members at the end of life. They may also have coverage through their private insurance, but they can apply for benefits through the Government of Canada too. Use our [FinancialNavigator database](#) to find more opportunities for income supplement.

Community and Family Caregiving Support

When it comes to choosing between home care and facility care, the availability of family support is a key factor. Having a strong support network with people who are willing and available to be there to assist you is important. The services provided through the public programs do not offer round the clock care at home. Doctors, nurses and personal support workers will come in on a scheduled basis, but the remaining care is left up to the family.

It is also important to think about safety in your home environment. When a person gets weak from advanced illness, their mobility can be impacted. Coming up with options for remaining safe is critical. This may include using equipment to help limit having to move (such as a commode) or having someone present to assist with safely getting from a chair into bed.

Finding additional community supports can assist your family with daily needs. There may be volunteers in your community who can provide support or respite care.

There are many things to think about when considering advanced illness. Finding what feels most comfortable to you and your family members can help relieve any fears or anxieties you may have about your care. Here are a few more resources from our partner, the Canadian Virtual Hospice to help you better understand your options:

- [Asked and Answered: What's the difference between palliative care at home and palliative care at the hospital?](#)
- [Considerations for a Home Death](#)
- [Patient Benefits](#)
- [Caregiver and Survivor Benefits](#)
- [Programs and Services Locator](#)

Living with Loss



By Marg Cooke, M.S.W.

Life is about change and every change brings loss with it. Whenever we lose something or someone that we value, we grieve. We grieve for the past – for how things were—and we may not be able to imagine our future. Although it may not be welcome, grief can help us to find ways to live with -- and even grow from -- our losses.

Understanding Your Grief

If you have breast cancer yourself or know someone who's living with it, you will be experiencing losses and grieving—maybe without realizing it. Understanding the particular meaning of your loss can help you (and others) to better understand and cope with your grief.

Loss is multi-layered. Each loss creates other losses, some of which may be harder to recognize and acknowledge. The table on the next page includes some examples of different kinds of loss. You may relate to some and not to others; and you may be facing other losses in addition to these.

<i>If you've been diagnosed with breast cancer</i>	<i>If you're a family member or close friend</i>
Loss of identity (e.g., as 'healthy'; 'independent'; 'sexual'): Who am I now?	Relationship changes (e.g., losing a team or work mate)
Loss of social network (e.g., feeling isolated, 'different', or lonely)	Role changes (e.g., providing rather than receiving care)
Loss of work and financial independence	Changes in shared responsibilities (e.g., taking on more of the parenting, assuming financial obligations)

Grieving the Future

In addition to grieving the losses and changes that are occurring now, you may also be grieving what you know or think may happen in the future. This is called *anticipatory grief* and can begin even before a diagnosis has been made. For example, you may just have had a feeling that something wasn't 'right' and begun to imagine what that might mean for you.

As a person diagnosed with breast cancer, you may have new waves of grief while you're in treatment. You may wonder if you'll ever be 'well' or 'normal' again. If your treatment has ended and you've been told that you're cancer free, you may feel the loss of never again being the same or feeling uncertain about your future. You may wonder, "Am I cured?" If you've been told that your cancer is continuing to progress and further treatments aren't likely to help, your grief may deepen as you confront thoughts about your death and what that will mean for you and those

around you.

As a family member or friend of someone with advanced breast cancer, you may also experience anticipatory grief. You may share some of the other person's feelings of grief but you'll also have your own losses to face. For example, if you're seeing changes in the person's personality or mental abilities, you may recognize that you're about to lose a trusted companion. If there are changes in the person's mobility, your future is likely to be a 'new normal' in which shared walks are no longer possible and outings become more difficult. As you adjust to such changes, you might also begin to grieve the possibility of a life without this person.

Grief Isn't Just Sadness and Tears

Grief often brings a deep sadness, and crying is a natural way to express that emotion. However, grief can also bring other feelings, such as anger, fear, regret, or relief. The most important thing is to know that all of these are normal and to be expected, and then to let yourself feel what you feel without judging or criticizing yourself.

Along with these feelings, you may notice that grief also affects your thinking, behaviour, and physical well-being. For example, there may be changes in your eating or sleeping habits; or you may often sigh, or feel tired or restless. You may notice that you're more forgetful of appointments or conversations, or have trouble concentrating when reading a book or watching TV; and you may be more easily irritated than usual.

Grief takes a lot of time and energy. You may not feel up to socializing or continuing with your regular activities but it's important to not become socially isolated. Think about which people or activities are the most helpful to you and try to maintain those connections. It's okay to take a break from some people; you may wish to re-connect with them later, when you have more energy.

Are you Grieving the Right Way?

You may have read or heard things about grief that have made you wonder if you're grieving the right way. The truth is that there are no fixed steps or stages and no 'right' way. What works best for someone else may not work at all for you. You may grieve mostly by thinking, problem-solving, and doing tasks, or you may do a lot of crying and sharing your feelings. Most likely, you'll do some of both.

At times when your feelings are very intense, you may even wonder if you're going crazy. This may be especially so if you get caught 'off guard'. Events, places, people, sounds, smells, and objects, especially when unexpected, can trigger your grief. This is normal. Your grief will have its own ups and downs, and its own timing; and you're likely to have some tough moments or days along with better ones. In those difficult times, remember that your grief is not linear or always moving forward; 'backward' steps are just part of the journey. Be as patient, kind, and gentle with yourself as you can.

What May Help

It doesn't matter how you grieve; what matters is that you work with your grief so that you find new ways of being with the changes you're experiencing. You may not want to go on this journey of grief at all; or you may want it to be over as soon as possible. You may feel stuck or uncomfortable with a feeling of being 'in-between'.

A big part of working with your grief is figuring out what is and isn't helpful to you. Some people benefit from joining a support group where they can share common feelings, thoughts, and stories with others. If this doesn't feel as though it would be a good fit for you, consider activities such as walking (alone or with a friend), creating a memory book, journaling, or gardening. Many people help themselves by reading, surfing the net, or watching videos to learn more about their grief.

Your grief will take the time it needs. Other people may try to hurry you. You may take a few steps forward and then stop or step back. It can be scary to not know where exactly you'll end up. Take the time you need, trust yourself, and ask for support when you need it.

Resources

The Canadian Virtual Hospice:

- [MyGrief.ca](#)
- [KidsGrief.ca](#)
- [Grief Work](#)
- [All In This Together: Coping With Advanced Illness and Dying as a Family](#)

Canadian Cancer Society:

- [Grief and bereavement](#)

Victoria Hospice Bereavement Services:

- [Useful Brochures – Bereavement Information](#)

Rethink Breast Cancer:

- [Grief Part 1](#)

Breast Cancer Now:

- [Grief after mastectomy](#)

Young Survival Coalition:

- [Young adults and breast cancer](#)

Canadian Hospice Palliative Care Association:

- [Bereavement Resources](#)

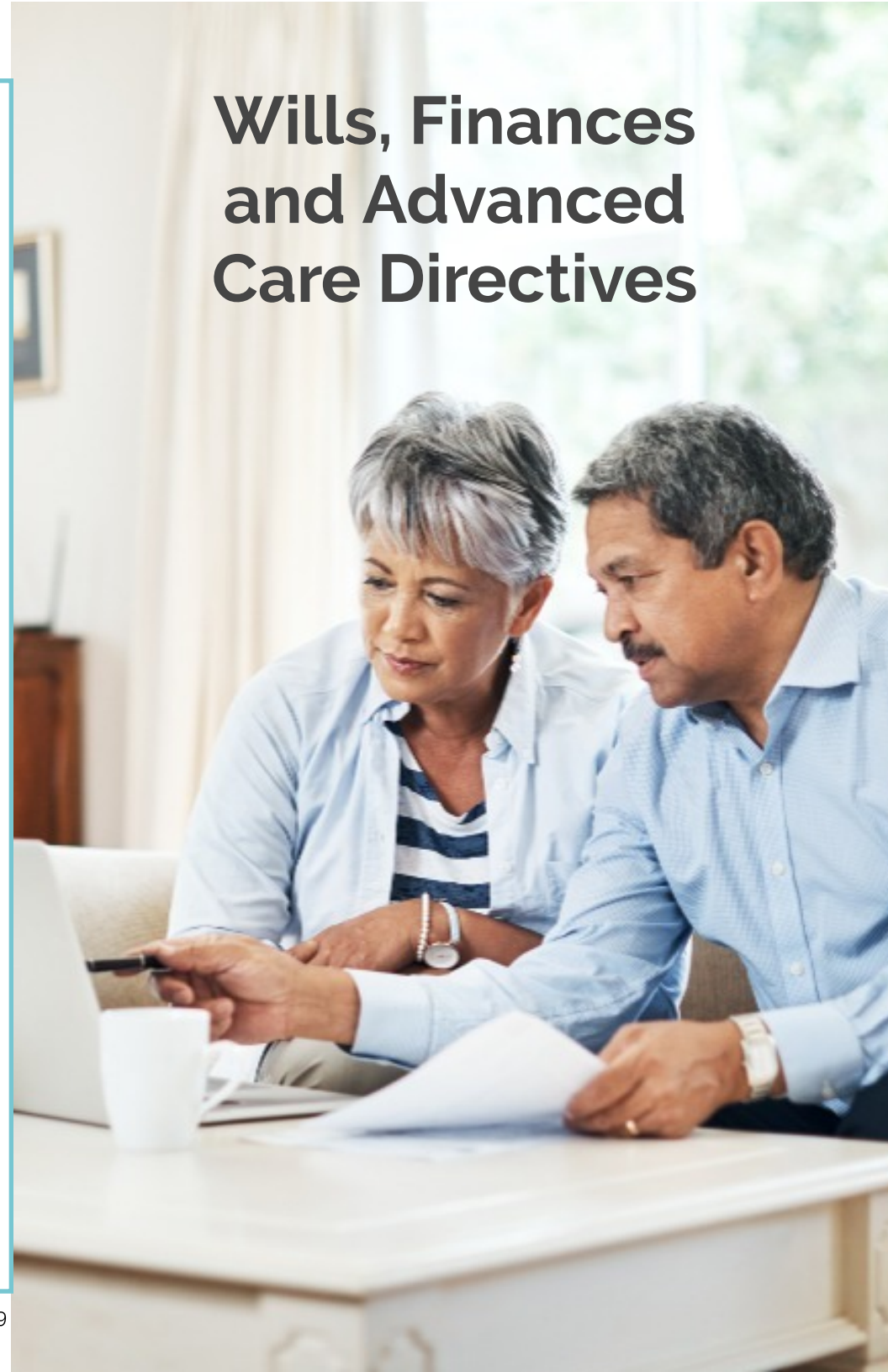
The topics of financial planning and preparing your will can be complicated and distressing especially at a time when you'd rather focus on your family and your wellbeing. As difficult as tackling these tasks may be, many people describe feeling relieved when they have their financial affairs in order and feel that they can more fully enjoy time with loved ones without worrying about the to-do list in the back of their minds. Below we break down many of the confusing terms that come up when preparing a will and your finances for end-of-life.

Wills

A will is a legal document that outlines how a person wants their property and finances to be divided after death. Things you may want to consider including in a will are:

- *Division of property:* In most cases, houses automatically get passed on to a partner. But if you do not have a partner or have other properties that are in your name it is important to identify who or how you would like these properties divided.
- *Cash or investments:* If you would like your savings or investments passed on to your partner, children, other family or charity, outlining specifically how you would like it divided should be included in your will as well. Many of these accounts also allow you to name a beneficiary as well.
- *Personal possessions:* Other assets like your car or furniture can be included if there is a specific person you would like to inherit them. People often include items of sentimental value, like jewelry, as well to be passed on to loved ones.
- *Guardianship of children:* Another important yet sometimes difficult decision is determining who will take care of your children. Even if you have a healthy partner, it may be helpful to have these discussions now so that you can continue to have a voice when it comes to raising your children.

Wills, Finances and Advanced Care Directives



A will also identifies who you would like to name as executor. An executor is the person who is legally responsible for carrying out the terms of your will. Choose an executor whom you trust and has an understanding of how to work with your family and your assets. It may also be helpful to name someone as a back-up in case your first choice cannot take on the responsibility when it comes time. Some people also choose to hire a lawyer to help the executor with some of the administrative duties.

Advanced Care Directives

Often referred to as a living will, an advanced care directive allows your family and healthcare team to know and be able to carry out your wishes at end-of-life when you may no longer be able to voice your preferences out loud. Things to consider including in your directive can include:

- Pain management
- Physical care
- Psychosocial or spiritual support for you and your family
- Choosing between a [home or in-facility death](#)

Choosing who will speak for you is commonly referred to as a substitute decision maker or Power of Attorney. Like your executor, this person should be someone you trust. They should also be someone who you think will be able to handle the responsibility of this task. [Advancecareplanning.ca](#) offers a step-by-step guide to helping you create your directive and dives deep into what you should consider including.

Fees and Taxes

One of the most confusing aspects of financial planning for end-of-life has to be the fees and taxes. If you are planning for all of your investments and bank accounts to go to your partner, adding their name directly to your accounts may be the easiest way as it will allow your assets to go directly to them instead of through probate. If you do not have a partner, naming a beneficiary on each account, loan or policy will help identify who is responsible for what.

Some fees and taxes your estate may be responsible for include probate fees, income tax and capital gains tax. Probate is the process of legally validating your will and with it comes fees from the province. Each province has different fees for this process. You can find out how much probate your estate may owe [here](#).

Other taxes your estate may be required to pay include capital gains tax, which is owed on half of any interest or profits from your investments or secondary properties. Income tax may also be owed. These taxes are taken before your beneficiaries receive their inheritance. When your final income tax return is filed with the Canada Revenue Agency (something that your executor is responsible for filing) a clearance certificate will be issued and all final assets from the estate will be divided properly.

Here are some additional resources to help you better understand the process of wills, financial planning and taxes:

- [CBCN's FinancialNavigator Support Resources](#)
- [Canada Virtual Hospice: Wills](#)
- [Advance Care Planning](#)

Understand Medical Assistance in Dying

Receiving a life-limiting or terminal diagnosis brings with it a lot of difficult decisions that a person never wants to be in the position to make. The hardest of those is choosing to end treatment. Coming to terms with that reality and how it can affect a person's family is not easy. Some people may consider the option of medical assistance in death. Below we discuss this relatively new law and how it works in Canada.

What is MAID?

Legislation was passed in 2016 to make medically assisted deaths legal in Canada. This bill outlined the definition, process and eligibility for patients to medically end their life. Medically assisted deaths are considered a medical procedure where medications are administered to the patient. Patients who qualify for MAID have one of two options for administration of the medications. Eligible patients can either choose to have the medication given by a physician or nurse practitioner or it can be prescribed by one. If a person chooses to have the medication prescribed, then they would self-administer the drugs orally.

Who is Eligible for MAID?

In order to receive MAID a patient must¹:

1. be 18 years of age or older;
2. be capable of making health care decisions;
3. have a grievous and irremediable medical condition, which means:
 - a. the patient has a serious and incurable illness, disease or disability, and
 - b. the patient is in an advanced state of irreversible decline in capabilities, and
 - c. the patient is enduring physical or psychological suffering, caused by the medical condition or the state of decline, that is intolerable to the person.
4. make a voluntary request;
5. provide informed consent to medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care;
6. and be eligible for government-funded health insurance.

Beyond these criteria, a person would need to submit a written request to a physician signed by two independent witnesses. Once the physician approves the request, a second physician must review and approve the request and the patient's eligibility. Once the request has been submitted, the eligibility assessment must take 90 days². A person can choose to change their mind at any point in the process. Finally, a patient must confirm consent immediately before the medications are administered³.

MAID in Real Life

Last year, one **metastatic breast cancer patient** made headlines when she brought attention to MAID and the realities of the law. In Canada, a person who is choosing MAID cannot make an advanced request. As we mentioned above, a patient must confirm their consent right before taking the medications. This means that a person will still need to be mentally capable of communicating their wishes right up to their death. Audrey highlighted how this specific requirement in the law meant that she was unable to live for as long as she would have liked. Following Audrey's experience, Audrey's Amendment was added and it allows individuals whose death is reasonably foreseeable to withdraw final consent.

Who Can I Speak to About Whether it is Right For Me?

Medically assisted death is not for everyone. Whatever your reasons, choosing medical assistance in dying or allowing it to happen naturally is a personal choice that you have the right to make. Here are some resources to help you better understand the Medical Assistance in Dying laws in Canada:

- [Government of Canada](#)
- [Dying with Dignity Canada](#)

Resources by province:

- [Alberta](#)
- [British Columbia](#)
- [Manitoba](#)
- [New Brunswick](#)
- [Newfoundland and Labrador](#)
- [Nova Scotia](#)
- [Ontario](#)
- [Prince Edward Island](#)
- [Quebec](#)
- [Saskatchewan](#)

Funeral Planning: How This Dreaded Task May Actually Provide Some Relief



Planning a funeral, especially if it's your own, might be one of the most painful and challenging tasks that any of us will have to complete. The very idea can be overwhelming, anxiety causing and heartbreaking to even think about. That being said, so many people share that while they dreaded the idea of having to plan their own funeral, they often experienced a tremendous sense of peace and the feeling of having a huge weight lifted off their shoulders after completing this process. Since the period after the death of a loved one is incredibly distressing to families, preplanning a funeral can relieve them of some of the stress and can also give you peace of mind that your wishes are being carried out.

Funerals are as varied as there are cultures and people in the world. Everyone is unique, and your funeral should reflect you. Typically, a funeral has three parts:

1. A service
2. A reception, wake, or other social event
3. Laying a loved one to rest

The first two parts are optional. Also, these three components don't all have to take place at the same time. There are many options for you to consider.

While this is a rather long post, we've broken it down into five main sections:

- I. Planning a Funeral Service
- II. What to Consider When Planning a Reception
- III. Cremation, Burial or Donation to Science
- IV. What's in an Obituary
- V. Support and Resources for Funeral Planning

Part I: Planning a Funeral Service

The service is typically the part of a funeral that may have more of a ceremonial component and may also include **music, readings, poems, a eulogy**, religious rituals, and videos or photos. Things to consider are where you want your service to take place and whether you want it to be secular or religious, formal or informal. The choice is yours, and you can think of the favourite parts of your life and find ways to include them in the service.

Types of Services

Types of services include a celebration of life, memorial service, funeral service, and service of committal.

A celebration of life looks back on your life, instead of mourning your death. Participants focus on happy memories and stories that reveal your strengths, best qualities, relationships, interests, and achievements. Your relative or friend could lead the service, as could a religious or cultural officiant. This is the most informal of service types.

A memorial service, like a celebration of life, reflects your life and personal qualities, but it is more formal and may include religious or cultural components, as well as music, readings, poems, videos, pictures, and a eulogy. It is often held some time after burial or cremation.

A funeral service is the most formal and traditional type of service. It is conducted under the auspices of a religious or cultural community, and follows the format prescribed by this organization.

A service of committal takes place at the gravesite or crematorium, just before interment or cremation. It's a final chance to say goodbye, and can include prayers, readings, or music.

Whatever type of service you choose, it should reflect who you are and how you lived your life.

Service Order

Here is one example of an order for a service:

1. *Entrance Music*: Music is something that reflects so much of who we are; the music can welcome and comfort guests and set the tone for the service.
2. *Welcome*: The officiant says a few words of welcome to open the service. The officiant may be a formal religious figure, someone affiliated with the funeral home or a friend or family member.

3. *Eulogy*: The eulogy (although there can be more than one) is a speech that provides attendees with an overview of your life, that speaks to the essence of who you are, what you accomplished, cherished and represented. Making time to sit down and speak with the person or people that you wish to deliver your eulogy can be a special opportunity for you both to re-live some of the best times of your life and will help ensure that what's most important to you is shared when those you love are remembering you.
4. *Readings*: This may be a favourite poem, a passage from a favourite book, a prayer, a religious reading or anything else that is meaningful to you. The readings could express how you feel about your loved ones or illustrate something important in your life.
5. *Musical Interlude*: This portion of the program could be a hymn or song that everyone sings together (be sure to include the words in the program or project them on the wall). You could also include a live performance or recorded music to accompany a slideshow of photos and videos from your life.
6. *Closing Remarks*: The officiant says a few words to wrap up the service, and leaves the guests with a final thought, quote, or poem.
7. *Closing Music*: A final song can provide the opportunity for reflection and connection for those who are mourning you.

Part II: What to Consider When Planning a Reception

The most typical funeral reception takes place after the service at a church, funeral home, community hall or private residence. This gives the opportunity for guests to talk and share memories in a less formal setting, usually over light food and drinks.

A wake is a celebration where your friends and relatives share food and drink, memories, prayers, readings, blessings, farewells, songs, tributes, and toasts. It is based on an Irish tradition of family and close friends staying awake with the deceased overnight until the body is buried, in order to ward off evil spirits. A wake can take place at home, at a funeral home, or in a rented hall.

A visitation, usually held at a funeral home a day or two before the funeral service, is an opportunity for your closest family members to welcome friends and relatives who come to pay their respects to the deceased. The body is usually present in the room in a closed or open coffin or as ashes in an urn.

Caterers can help with a reception or wake and can often help provide guidance in terms of the amount of food and refreshments required. Or if you're looking for an option that is less expensive, friends, family or members of a religious group can often help provide a variety of refreshments and light food.

Part III: Cremation, Burial or Donating to Science

Different cultures and religions have different customs for what to do with a loved ones' body after their death. In some cultures, it is cremated or buried within a day of death, and then a service and reception are held later. In other cultures, the body is present at the service, wake, and visitation and is buried or cremated later.

Burial, Cremation or Donation

With a burial, the body remains intact and is laid to rest in a grave or mausoleum. This is the most expensive of the options as it requires the purchase of a plot and casket at the very least. There is a new movement getting started in North America for natural or "green" burials in specialty cemeteries. The non-embalmed body is wrapped in a shroud or enclosed in a cardboard or biodegradable wooden or wicker casket made without glue, metal, or varnish. After burial, when the soil has settled, the grave is overplanted with plants and trees. The area returns to the wild naturally over time. There is no individual grave marker, but common markers are erected along paths through the area. For more information on this movement, visit the [Natural Burial Association](#) website or the [Green Burial Society of Canada](#).

Cremation involves incineration of the body so that all that remains are ashes. These can be kept in an urn at your family's home, buried in the ground, enclosed in a columbarium, or scattered in a memorable location. Even with cremation a casket is still required, but they are often less elaborate and more cost effective than a burial casket. If there is a viewing at the visitation or service before cremation, then a fancier presentation casket may be rented.

The donation of a body for scientific purposes is something that be arranged through most medical schools; your cancer centre may be able to provide additional information if they have an affiliated medical school if this is an option that would like to explore further.

Embalming

If the coffin is to be open for viewing and the burial will take place more than 10 days after death, you will need to have the body embalmed. Embalming slows down the decomposition process, can help eliminate odors, and prevents discoloration. Not everyone needs or wants to be embalmed as it is expensive (\$600 or more) and isn't a legal requirement. If the body is cremated or buried in less than 10 days, embalming is not needed. Some people, however, think that embalming gives the body a more lifelike appearance and find that this gives them closure and comfort when viewing the body at a visitation or funeral service.

Transportation

A funeral home can transport the body to the locations of the service, visitation, cremation or burial. In some cases, a funeral cortege or procession follows the hearse from the service to the cemetery.

Part IV: What's in an Obituary

An obituary can be as long or short as you like. Some people prepare multiple versions of their obituary to be used in different places; a shorter one perhaps for the newspaper and a longer one for the memorial programs or funeral home website.

There are five topics that the obituary traditionally covers:

1. *Announcement with information about the passing:* This should include the full name, age, city of residence as well as the date and place of passing.
2. *Biography:* This is an opportunity to share what's most important to you, the impact you had on your family, community and the world. Also included are often the date and place of birth, parent's names including mother's maiden name, date and place of marriage, partner, education, work, and military service. You can also include professional, charitable, and religious

- organization memberships; hobbies; honours and distinctions; and special achievements.
3. *Family*: This section lists surviving family members and those loved ones who have already passed away. Generally included are the names of the spouse, children, grandchildren, parents, and siblings.
 4. *Service times*: Provide the time, full date and place of the service, burial or interment, and visitation.
 5. *Closing*: This is the place to mention memorial funds established, suggest donations to charities, thank people or organizations who provided support, and close with a quotation, poem, or a few words that sum up your life.

Part V: Support and Resources for Funeral Planning

When planning a funeral, this may be something that you wish to do on your own or you may wish to involve your loved ones. Having family and friends involved will help them understand your wishes that they can carry them out. They can also contribute stories, photos, videos, music, readings, and poems.

Religious leaders can give advice on the components of a funeral service in their faith and can officiate. They can also suggest scripture readings, music, and prayers, and may know organists or other musicians who can provide music.

If you're planning on using the services of a funeral home, they will often make arrangements to meet with you, either in your home or at the funeral home to discuss your wishes and provide you with additional information. The funeral home is necessary for completing the death certificate. If you wish, for a fee, the funeral home can assist with all aspects of funeral planning.

Memorial societies are non-profit organizations that have a mission to "help their members plan funerals that are simple, dignified, graceful, and affordable." For a nominal fee, they can provide advice and lists of providers who offer discounts to their members. Here is a list of memorial societies in Canada:

- [Memorial Society of British Columbia](#)
- [People's Memorial Society of B.C.](#)
- [Vancouver Island Memorial Society](#)
- [Memorial Society of Alberta](#)
- [Calgary Cooperative Memorial Society](#)
- [Memorial Society of Edmonton and District](#)
- [Memorial Society of Red Deer and District](#)
- [Funeral Advisory and Memorial Society of Saskatchewan](#)
- [Memorial Society of Northern Ontario](#)
- [The Funeral Advisory and Memorial Society of Southern Ontario](#)

The Funeral Cooperative of Ottawa has a [Funeral Planning Guide](#), which is a checklist of services you may wish to have.

If you would like to further explore ideas and considerations around funeral planning, the [Canadian Virtual Hospice](#) provides additional information and considerations around end-of-life decision making.

A funeral is a chance to honour a life, remember a loved one, and acknowledge the incredible impact that one person can have.



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