



RESOURCES

in preparation for
dying,
death
and burial

(Inside Front Cover)

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and burial

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St. Nicholas Orthodox Church
2210 SW Dolph Court
Portland, Oregon 97210
October 2003

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Introduction

“Death is the touchstone of our attitude to life. People who are afraid of death are afraid of life... if we are afraid of death, we will never be prepared to take ultimate risks: we will spend our life in a cowardly, careful and timid manner. It is only if we can face death, make sense of it, define its place and our place in regard to it that we will be able to live to the fullness of our ability. Too often we wait until the end of our life to face death, whereas we would have lived quite differently if only we had faced death at the outset. Only awareness of death will give life this (necessary) immediacy and depth, will bring life to life, will make it so intense that it is totally summed up in the present moment” (Metropolitan Anthony Bloom, “On Death,” *Sobornost*, 1:2:1979, pp. 8-9).

The vital importance of preparing for death cannot be stressed enough for Orthodox Christians. The patristic maxim to “be ever mindful of your death” has obvious ramifications for our spiritual state while we are alive “in this world.” However, the Fathers’ admonition can equally apply to the realm that surrounds our own dying, death and burial as they relate to our family, parish, and friends. That is, we would do well to plan as much as possible for our death so that many challenging and painful decisions will not need to be made under the weighty pressures of grief, shock and anxiety.

Through this Resource Packet (Prayer Book, Resource Guide and Emergency Record Guide) we aim to help you and your family be aware of what medical, pastoral and funeral resources are available. It is not complete in itself. It is just one component of a number of resources that can be of use. Preparation and planning for death (your own or that of a loved one) are loving actions of responsible persons who desire to lessen the burden of critical — and often difficult — decision-making for surviving family members.

In addition to gathering materials from the tradition, practice, liturgy and worship of the Church, we have enlisted the expertise of clergy, doctors, nurses, lawyers, healthcare professionals, hospice workers, funeral directors, cemetery staff and others to make this resource material of greatest benefit to you and your family.

I welcome the opportunity to meet with you (and your family) in order to discuss any end-of-life concerns you might have, as well as offer whatever assistance I can give in the pre-planning process.

— Archpriest George A Gray,

St. Nicholas Orthodox Church, Portland, Oregon
Feast of the Dormition of the Theotokos, 2003

“We are dying, yet behold, we live ...” (2 Corinthians 6:9).

Please note: This Resource Packet is primarily intended for parish use at St. Nicholas Orthodox Church in Portland, Oregon, and reflects the medical, legal and pastoral situation in Oregon and Washington.

Dealing with Death — Alive in Christ

Americans have forgotten how to die. And perhaps without knowing it, many Orthodox Christians living in this country fail to realize the discrepancy between American secular culture and true faith, worship, and new life in Christ. Our attitudes (or lack of any real attitudes) are often the result of surrender and confusion, our inability to deal with the reality of crisis.

It has not always been so. In earlier times, death was a familiar — though feared — facet of life. It caused a break in the continuity of the world of those whose lives it touched. It was a stark reality, the Great Enemy whose impact upon day-to-day life could not be ignored.

Death is the result of sin; it is not a part of God's original design for mankind: "For I have no pleasure in the death of anyone, says the Lord God; so turn and live" (Ezek. 18:32). Death was not "created" by God, who is the Source and Author of all life and Who, by revealing His Name as "I AM" to Moses reveals that He is Existence Itself: "God did not make death, and takes no pleasure in the destruction of any living thing; He created all things that they might have being" (Wis. 1:13). Death is a consequence of the first sin, a consequence that touches all humanity.

Jesus Christ came into the world to conquer death, to point the way to new and eternal life, to offer a refuge from corruption and all that corrupts God's "good" creation. This was accomplished through the death and resurrection of Jesus Christ, Who "has been raised from the dead, the first fruits of those who have fallen asleep. For as by a man came death, by a man has come also the resurrection of the dead. For as in Adam all die, so also in Christ shall all be made alive. But each in his own order: Christ the first fruits, then at His coming those who belong to Christ."

Then comes the end, when He delivers the kingdom to God the Father after destroying every rule and every authority and power. For He must reign until He has put all His enemies under His feet. The last enemy to be destroyed is death (1 Cor 15:20-26). Finally, our hope as Christians is to share in Christ's victory over death: "I am the resurrection and the life; he who believes in me, though he die, yet shall he live, and whoever lives and believes in me shall never die" (John 11:25-26).

Death is always a tragedy, something that distorts the goodness and beauty of God's creation. At the tomb of His friend Lazarus, Christ shows us that death is always tragic, even for the One Who conquers death. Christ came to proclaim new life, to acknowledge that death is not a transition into eternal oblivion, to announce that "through [Him] God will bring with Him those who have fallen asleep" (1 Thess. 4:14). We also believe that "if we have been united with Him in a death like His, we shall certainly be united with Him in a resurrection like His... If we have died with Christ, we believe that we shall also live with Him" (Rom. 6:5, 8).

Maybe Orthodox Christians should reclaim death and dying from this stranglehold of the Prince of this World and restore them to their proper place — a place that is under the sovereignty of the Lord.

To Christians, death once meant immediate communion with God. It was the means by which the believer received access to new life in the Kingdom. "For to me, to live is Christ, and to die is gain... I am hard pressed between the two, having a desire to depart and be with Christ"(Philippians 1:21, 23). "Come, fire, cross, battling with wild beasts, wrenching of

bones, crushing of my whole body, cruel tortures of the devil. Only let me get to Jesus Christ! “ (St. Ignatius to the Romans, 5:2).

In his short treatise “On Mortality” (ca. AD 252) St. Cyprian summarizes much of the early Christian thought about mortality and life everlasting. Near the beginning of his work, he pleads with those Christians who fear death, “It is for him to fear death who is unwilling to go to Christ. It is for him to be unwilling to go to Christ who does not believe that he is beginning to reign with Christ” (Cyprian, “On Mortality,” from *The Shape of Death*, J. Pelikan, 1961, p. 69). St. Cyprian continues:

Beloved brothers, with sound mind, with firm faith, with rugged virtue, let us be ready for every manifestation of God’s will; freed from the terror of death, let us think of the immortality that follows. Let us show that this is what we believe, so that we may not mourn the death even of our dear ones and when the day of our own summons comes, without hesitation but with gladness we may come to the Lord at His call.

The theology, liturgy, life and witness of the Church grew around examples such as these. The funeral industry stole death from us. In so doing, it has also stolen our essential and authentic Orthodox Christian response to death.

The Courage to Act

If Orthodox Christians are to make our witness consistent with our liturgy and prayer, we must challenge the “norms” and practices so prevalent today. It will take courage to challenge the culture that surrounds us. It will take strength to challenge the funeral industry that has orchestrated the way Americans die. We should not be at the disposal of the industry, but it should be at our service, facilitate our way of death and burial. We will need to persevere in dealing with the bereaved who have come to expect the non-Orthodox norms.

Nonetheless, it can be done if, as Metropolitan Anthony Bloom says, our attitude toward death becomes the touchstone of our attitude toward life. This task must begin early in the lives of the faithful. It begins now. It must be presented, taught, and preached at every turn. If the Church is to be central in the events that surround our falling-asleep, so that the true meaning of death can be proclaimed, then the Church must have an authentic centrality in our life and witness today, so that the true meaning of life can be proclaimed.

In their desire to be “of service” the members of the funeral industry will — if only asked — work with us to see to it that our rites and customs can be carried out. It simply takes a family or pastor to initiate this. Rather than demonizing the funeral industry as “them” versus “us,” it would be better if we saw those in the industry as simply naïve folks who are unfamiliar with the Orthodox way of death. They simply default to the manner in which they have been trained: the American way of death. It is up to Orthodox clientele to help familiarize them. We are, after all, a minority in the Western world. It is Satan’s desire, however, to use this “American way” to render death innocuous if not meaningless.

Christ has trampled down death; He has destroyed it; He has done away with it. So, woe to us if we allow Satan to lull us into the lie that there are no consequences to masking the reality, the crisis, of death. Death now seems something very different from Satan’s grotesque legacy to us.

Death does have a sting. But Christ has removed it, not Satan. We must be mindful of this at all times, lest our victory shout, “Christ is Risen!” lose its meaning, and be something else to add to the list of the items stolen by the enemy.

A Lifetime of Preparation

As Metropolitan Anthony Bloom has declared, it is critical that we not put our discussion of death and burial off until it is too late. There must be an on-going awareness of death during our whole lifetime. Without becoming macabre, the Orthodox pastor should continually prepare his parishioners to face their death and the death of their fellows. St. Isaac the Syrian once wrote:

In your heart, be always ready for your departure. If you are wise, you will expect it at every hour... Go to sleep with these thoughts every night, and reflect upon them every day. When the messenger comes, go joyfully to meet him, saying: "Come in peace. I knew that you would be here and I have not neglected anything that could help me on my journey" (The Mystic Treatises, 1923, pp. 308-9).

Orthodox Christians have a decided advantage here. We are constantly reminded of death in our worship as we pray "for a Christian ending to our lives, painless, blameless, peaceful, and for a good account of ourselves before the awesome, dread judgment seat of Christ." We should keep this recollection before us continually in our Rule of Prayer.

Mindfulness of death in the patristic sense is not the denial of life, but rather its enhancement. The quality of Orthodox Christian living is intense and serious, and it is wonderfully transfigured by God's grace into hopefulness, joy, and faithfulness.

That is why, in the midst of Great Lent and in the face of death, we sing, "Alleluia!" in our liturgy. We are enabled to look beyond the tragedy and crisis of death's surrendering of body and soul. We can see that there is meaning given to death: meaning given in the Light of the Empty Tomb that shines brilliantly in a darkened world.

The reality of death for us is indeed a crisis and tragic on one level. But beyond that, it also means that we shall be restored to our original likeness. In Christ, we are meant to be restored to our original life in communion with God. This begins at our baptism and lasts our whole life long, unto the ages of ages — from one degree of glory to the next.

Burial Practices of the Byzantines

At first, the Christian funeral was characterized by its simplicity. Gradually, however, it took on a shape and content that continued to develop as the expression of Christian theology of death continued to develop. There are even instances where the fundamental expression of Christian burial has become obscured by Byzantine court ritual, popular piety and even superstition.

Customs related to death and burial in the Byzantine world come from a blend of practices: Jewish, pagan, Christian and "popular" (i.e., ingrained in popular practice) in origin. Burial customs of the Byzantines were largely adopted from the cultures among which the Byzantine world grew up.

Immediately after a person died, the corpse was lowered from the deathbed to a cot or mat on the floor. Closing the eyes and mouth came next. Evidence from the Shroud of Turin indicates that a narrow cloth was tied around from the top of the head down under the chin.

The body was left for a short time until the next preparations, which were performed by older women of the family. This is a part of ancient tradition, widespread throughout the

Mediterranean world (see the stories of the Myrrhbearing Women in Mt. 28, Mk. 16, Luke. 24). These women were relatives of the deceased or possibly members of a specific burial society who prepared the body.

Washing the body was the first concern, ordinarily using warm water, wine, a perfumed liquid, or some combination (see the preparation of Tabitha, Acts 9:37). Next, those who prepared the body applied aromatic myrrh as a safeguard against the odors of rapid decomposition. Myrrh was a combination of any of the following: spices, aloes, Smyrna nard, and others, mixed with wine.

The hands and feet were bound together to counteract the effect of rigor mortis and to make it easy to lay out the body. This practice also shows up in the Shroud of Turin. The body would be clothed in appropriate clothing, which might be anything from a simple white linen shroud to the most elaborate apparel, depending on class, occupation or vocation and local custom. A military officer would wear his uniform and gear; a civil authority would wear his imperial insignia; the cleric or monastic his vesture. It became standard practice to wrap all in white linen as a burial garb or covering the attire — with the general effect of swaddling.

The face was usually covered with a kerchief or veil for modesty's sake. Note the reference to the linen cloth over the face or head of the Lord in John 20:6-7. Later "theological" interpretations have come to us: Moses' face was veiled when he entered the presence of God; the Holy of Holies was separated from the rest of the Temple by a veil; we all become anonymous in death, and so forth.

Finally, the head of the deceased was crowned with a wreath of laurel or flowers. There is a striking comparison between the wreath of the wedding service and the wreath of the burial. In present-day Russian practice, a chaplet with the words of the Trisagion, "Holy God, Holy Mighty, Holy Immortal," is often used.

The Byzantines placed an icon either in or upon the hands of a dead layman. A monastic received a copy of the Psalter or a cross. A deacon held a censer, and a priest or bishop held a Gospel book.

The Byzantines used the term prothesis for laying out the body for viewing. The same term also refers to the preparation and arrangement of the bread and wine at the Divine Liturgy. Often, the body lay in state, reclining on a pallet or in a coffin — the head facing east, resting on a pillow. Bishops were set out in state and buried in a sitting position.

The body was then carried to the church for the funeral and from there to its final resting place — both times accompanied by torch-bearers, mourners and even instrumentalists or chanters. Tapers were distributed to the mourners for the funeral and the burial or entombment.

The Priest's Participation

"Now I am at rest. Now I have found release and peace, for I have escaped corruption. I have passed from death to life. O Lord, glory to You!"

— *The Hymn of Light, from the Funeral Service for a Priest*

Preparation for death, the process of dying, death itself and the burial of parishioners should be something that the priest is actively involved in. How seldom is the first of these

stages shared with the pastor. Occasionally, even the process of dying takes place without participation in the sacramental mysteries of the Church. In some instances, it is the funeral home that makes the first contact with the priest on behalf of a lapsed Orthodox Christian whose family would like to have a church funeral.

One could argue that preparation for death takes place throughout one's daily life. Our prayers, witness, Christian education (classes and homilies), beliefs, practices, spirituality, participation in the Holy Mysteries: our whole Christian life — form the overall preparation for death.

However, from the priest's standpoint, there are specific things that parishioners should do that will assist him in his pastoral ministry to the dying, to the dead and to the bereaved. Some are obvious; some will not. The following are guidelines suggested for an ideal situation.

Planning (During the Time of Health)

The priest can assist with such things as physician orders for life-sustaining treatment and advance directive forms; the choice of a cemetery plot (Orthodox Christians are traditionally buried with their feet toward the east); the choice of a grave liner or vault (where applicable or required); the choice of a funeral home; the choice of a casket; choice of embalming or refrigeration; the degree to which the family will assist in the preparation of and laying-out of the body; choice of pall bearers; even the choice of burial clothing.

Often the presence of the priest during planning causes discomfort for the funeral director, but having the pastor along will help keep the family from being taken advantage of by the funeral industry. Given the fact that the priest plays a central role in the liturgy of death, it is actually very fitting that he accompany the family to the cemetery and funeral home to make arrangements. The selection of caskets, grave liners, etc., can be an area where an objective third-party is helpful. At this time, it is wise to identify somebody who can act as the contact person between the family and the priest.

When Sickness Occurs

The family should keep the priest abreast of the patient's health. The sacramental mysteries of confession, unction and Communion are some of the means that the Church has provided for spiritual and physical health. Regular visits for these ministrations as well as counsel, comfort and simple fellowship are part of pastoral care. The Orthodox Christian should identify somebody to serve as the contact person for information about the ongoing status of the sick person.

When Sickness Grows Serious

The whole community offers prayers for spiritual and physical health on behalf of a sick person. (See the accompanying book of Prayers in time of Sickness, Dying and Death.) In The Priest's Service Book (also called The Book of Needs) there are special prayers and offices to be taken as the situation grows more severe.

As Death Approaches

There are prayers and offices that the priest will lead as the time of death draws near.

At the Time of Death

The Priest's Service Book includes prayers, absolutions and offices for the time of the parting of the soul from the body.

If the deceased and the family have decided not to embalm, then the suggested procedure is outlined below and in the section of this resource book entry titled "Care and Preparation of the Body." If embalming is going to be part of the overall plan, then family and fellow parishioners may prepare the body after the embalming procedure. Of course, some might simply decide to bypass preparation of the body from the family and fellow parishioners altogether, leaving the process to the staff at the funeral home.

Traditionally, upon death, any family or friends present at the time of death, wash the body with water and lay the deceased to rest on a bed, or more in keeping with a sacramental view of creation, on a prepared table with face elevated toward the east. Acts 9:36-37 bears witness to this same preparation of the body of St. Tabitha (alternatively called Dorcus or Gazelle), the disciple of the Apostle Peter. In some instances, rose water and olive oil may be used to wash and anoint the body, in commemoration of the care given the Savior's body by Sts. Joseph of Arimathea and Nicodemus on Holy Friday.

In some places, instead of the usual clothing, a white winding sheet or shroud covers the body. Those who wish to prepare the body without the assistance of a funeral home, or with minimal assistance from the funeral home, may refer to the chapter titled "Care and Preparation of the Body."

It is customary in some Orthodox cultures to place a chaplet around the head of the deceased. This is a ribbon inscribed with a cross and the words of the Trisagion ("Holy God, Holy Mighty, Holy Immortal..."). In some instances, mourners place their final kiss upon the cross of the chaplet rather than forehead or hand of the deceased. This chaplet is reminiscent of the wreath of victory or glory that is awarded to the victorious — in this case, the one victorious over death.

The deceased's baptismal cross is placed prominently on the breast of the body, outside the clothing.

An icon of the Descent into Sheol, the Savior, the Theotokos, or patron saint may be placed in the coffin with the body — often in the hands of the deceased.

Immediately after the Office at the Departure of the Soul, the Psalms are chanted or read continuously until the burial or until the body is removed from the place of death. The Psalter may be interrupted by the panikhida, (also called the Trisagion or parastasis), led by the priest. The Psalter is also interrupted occasionally by the prayer "O Lord our God, remember Your servant..." (taken from the end of the Office at the Departure of the Soul).

In Bright Week, in addition to the above, we sing paschal hymnography. During the reading of the Word of God over the body of the departed, relatives and friends ought to be present. If they are able, the family arranges for someone to be with the deceased throughout the night, with family or friend taking shifts to watch.

On the Evening before Burial

The All-Night Vigil for the Departed (vespers and matins) is taken with the body present. Following the vigil, the family and friends of the newly departed are encouraged to continue

the all-night vigil by reading through the Psalter continuously. The rubrics presuppose that death occurs at home, where the body has been prepared and the All-Night Vigil is held. In common practice today, the vigil takes place in the church, where the body lies in state throughout the night.

On the Day of Burial

Rubrics in the service books indicate that on the day of burial, the body of the deceased is taken directly from the home to the church for the funeral liturgy and from there to the place of burial.

Once the deceased arrives at the church, the body lies in state (customarily in the nave, but sometimes in the narthex). The deceased faces toward the east. The coffin lid remains open unless injury or illness has caused major disfigurement. This decision is at the discretion of the priest, in consultation with the family, not simply dictated by the family or the previous wishes of the deceased.

The Great Book of Needs provides propers for the hours and the Divine Liturgy of the Departed. The rubrics specify that between the hours and the Divine Liturgy, the Great Panikhida is to be served. The Great Panikhida is commonly referred to as “The Funeral Service.”

In common practice, the deceased lies in state at the funeral home for private family viewing and devotions. The deceased is then brought to the church on the evening before burial. This Great Panikhida is then served in the church; the body lies in state in the church (the family and friends keep vigil, reading the Psalter — refreshments may be available in the parish hall) and the Funeral Divine Liturgy is served the next morning, immediately prior to the burial.

The rubrics note that a slightly different order of service is taken for one who falls asleep on Pascha or during the period of Bright Week through Thomas Sunday — having a more specifically Paschal character than otherwise.

A “Mercy Meal” or a “Memorial Meal” may be served for those in attendance. Fish is customarily the main course of this meal, reminiscent of the time when the Risen Savior appeared to His disciples on the shore of Lake Tiberias (John 21) and served bread and fish. This meal may take place at the church hall or at the home of the deceased or some other suitable location such as a restaurant. This may be catered, or it may be prepared by friends and family of the deceased.

Funeral homes usually build into the overall cost of their services an honorarium for the priest, generally \$50 or \$100. This funeral home expense waived if the family desires to provide an honorarium for the priest or a donation to the church.

Memory Eternal

The Panikhida is held on the third, ninth and fortieth day after the death of the departed, as well as on the anniversary of death. Koliva or kuytia — a mixture of boiled wheat and other ingredients — may be offered at the panikhida. This custom is connected with the words that the Savior spoke in reference to His resurrection: “Truly, truly I say to you, unless a grain of wheat falls into the earth and dies, it remains as it is, but if it dies it produces much fruit” (John. 12:24). In this way, wheat becomes a symbol of what we proclaim in the Creed: “I look for the resurrection of the dead and the life of the world to come.”

On the Saturdays of the Church year, and especially on certain specific Saturdays of the Church's liturgical, calendar, we commemorate the departed. Saturday receives its meaning from Lazarus Saturday and the Blessed Sabbath, Holy Saturday, when death's sting was overcome by the fact that Life reigns. Given the resurrectional character of Lazarus Saturday and Holy Saturday, the color of vestments is white. Praying for the deceased is not mourning; it is a proclamation that Christ is risen. Father Alexander Schmemmann writes: "It is in light of the Saturday of Lazarus and Great and Holy Saturday that we can see the meaning of Christian death and our prayer for the dead" (Great Lent, p. 73).

There are five Saturdays during the Triodion season specifically dedicated to the departed. On these Saturdays, it is customary to celebrate the Divine Liturgy followed by a panikhida for all the faithful departed.

The second Tuesday after Pascha has been known since early times as the "Day of Rejoicing." It is a traditional time to visit the graves of loved ones, request that their graves be blessed, and offer prayers and services for their repose. In many places today, this celebration occurs on the Sunday after Pascha, St. Thomas Sunday. In some places, it occurs in conjunction with Memorial Day observances.

In the evening prayers that Orthodox Christians recite each day there are special commemorations for the departed.

At every Divine Liturgy, there are petitions in which the departed are remembered. In many parishes, members of the congregation may add the names of the departed to a special list for commemoration at that time. In some parishes the "Litany for the Departed" is added to the Liturgy. Finally, in conjunction with the Divine Liturgy, the priest takes particles of bread, each commemorating one of the faithful departed, and places them on the diskos, or special plate, on which the Lamb — or Eucharistic Bread — is also placed. As the priest removes each particle, he mentions the name of a specific departed person, generally from lists of names submitted by the faithful.

There are variations in how Orthodox Christians in various places and at various times have offered prayers for the dead, but in general, that which is described here is universal in all Orthodox churches.

Concerning names for the services that follow death, a funeral may be called the "Rite of Burial." In Slavic it is an Otpivaniye. The Slavic panikhida or parastasis, or in Serbian pomen or in Greek mnemosyno, is sometimes referred to as a "Litiya for the Dead" or a "Trisagion." The closest English equivalent of these is "memorial" or "memorial service."

The Issue of Cremation

Byzantine canon law did not permit cremation. Sources state that the original ban arose because cremation was commonly practiced in pagan and possibly Gnostic circles. The creators of the canon law also saw cremation as denying the value of physical creation, and specifically the human body. The Church has always stood squarely against the dualistic opposition between spirit and matter or the spiritual and the physical. Of course, we read in the early accounts that the martyrs' bodies — even after they had been burned at the stake and reduced to charred skeletons, as was St. Polycarp of Smyrna — were treated by the faithful with the utmost respect as they were taken for burial — an early indication that Christians shunned the common Roman pagan practice.

Today some would propose that the practice of cremation be explored anew, in light of the fact that the practice's association with paganism or gnosticism is no longer a reality. Proponents of this line of thinking may also assert that cremation is a less expensive way to dispose of the body than the increasingly expensive — and often non-Christian — burial practices common in many cultures and societies, such as in the United States. The vast majority of Orthodox, however, contend that cremation, for whatever reason, and regardless of its detachment from pagan thought or ritual, in every instance denies the value of the human body and of material creation in general. For that reason, it is to be avoided as an option. Additionally, the phenomenon known as incorruption — in which the body remains in a state of preservation and may even exude a fragrant odor of sanctity — is another argument against the practice of cremation. If the Lord grants this to faithful of His choosing, cremation could obliterate the effects — though by the same token, even charred skeletal remains have been known to exude this fragrant odor.

In a few extreme circumstances and for good cause in recent times, cremation has taken place with the knowledge of the Church. In each case, however, the actual cremation did not occur until after the funeral service, at which the body of the deceased has been present. This does not represent standard practice, however, and in each instance there were extenuating circumstances that led the Church to apply the principle of *economia*. In any event, the diocese's bishop shall be involved in any discussion regarding cremation.

The Church does not appear to condemn cremation outright, provided that there is a valid reason for it. (See "Funeral Guidelines—Orthodox Church in America," page 16.) In Japan, for example, the state requires cremation, including for Orthodox Christians. There have also been exceptions made in cases of epidemics or fear of disease, for various reasons. In general the image of the body being buried as it awaits the resurrection is more in keeping with the image given to us by Christ, Who likens burial with the planting of seed that later blossoms into a living plant.

Care and Preparation of the Body

For those who desire it, friends and family of the deceased may prepare the body immediately after death. This procedure may also take place immediately prior to the beginning of the funeral. The funeral home may assist the family by providing a room in which to wash and dress the body as well as placing the body in the casket. The priest can oversee the preparation of the body. This preparation of the body has been traditionally the task of the members of Orthodox Christian families.

Embalming is foreign to traditional Orthodox Christian practice. Embalming (though in a different form than practiced today) was the custom in ancient Egypt when the Hebrews lived in their midst. Our present practice of embalming became popular during the Civil War, to preserve the bodies of soldiers killed in action so that they could be returned to their homes. President Abraham Lincoln's body was embalmed on numerous occasions, as his funeral cortege traveled by train from Washington, D.C., to his home in Springfield, Ill. Vladimir Ilich Lenin's body undergoes an extraordinary embalming process on a regular basis in order to give it the appearance of incorruption.

The procedure that takes place in the "prep room" of contemporary American mortuaries is one that, quite simply put, is an offence to the temple of the Holy Spirit that our bodies are considered to be. Nonetheless, most Orthodox Christians are embalmed.

Embalming is not a law. It is not a requirement. It does not even have to be an option for Orthodox faithful. States or counties have some requirements that in the event that the family decides against embalming. The priest or funeral director can provide this information.

Whether or not one chooses embalming, the family and fellow-parishioners can still care for and prepare the body. If the body is to be embalmed, then the following takes place after that procedure. If the body is not embalmed, then the following takes place sometime before the body is taken to the church.

A Reader chants the Psalter throughout, and if possible until the hearse arrives.

Warm water, perhaps mixed with rose water, is used to wash the hair and head, the face, neck, and so on. Modesty, prayer and quiet are characteristics of this work. A natural sponge is best for this. When the washing is completed, the body is then dried with large, white towels — reminiscent of baptismal towels. Anointment with olive oil mixed with myrrh oil occurs next. These can be obtained at any number of stores that carry aromatherapy and essential oils. Excess oil is wiped off with cloths.

Dressing the body now takes place. The funeral home staff can assist at this point, if the attendants need help. The body should be clothed in regular clothing, either new or from the wardrobe of the deceased. In ancient times, the deceased were buried in white clothes, reminiscent of baptismal garments. In that light the garment may be a white dress for a woman and a white shirt for a man. In some Orthodox cultures, a white linen burial shroud or winding cloth is placed over (or around) the body.

The body is then placed in the casket. The funeral home staff can assist at this point.

The baptismal cross is then placed around the neck of the deceased, and the chaplet, if used, is placed around the crown of the head at this time.

Once the body has been laid out, the chanting of the Psalter may cease, and a brief time for prayer may be taken.

The body is now ready for family viewing and then transportation to church for the All-Night Vigil of Burial.

Caskets

Many families choose beautifully made and dignified (and therefore expensive) caskets. Motivations for the choice of an expensive casket can range from assuaging some deep guilt, wanting the “best” for the loved one, desiring to “keep up appearances” before the assembled mourners.

From the Church’s point of view, the only necessary criteria are these:

1. Whatever container is chosen for “final disposition” — it should be a container that does not detract from the overall meaning, intent and theology of the Orthodox liturgy of death and burial. It might be wise to discuss this aspect with the pastor.
2. The container (casket, coffin or box) must be able to have its lid open (either half- or full-length) for the funeral services — unless the body is disfigured because of illness or accident. The parish priest can give direction here. Having an open casket funeral is the norm in Orthodox funerals, because the human person is created in the image and

likeness of God, and the body as a temple of the Holy Spirit. The texts of the Scriptures, prayers and hymnography of the liturgy of burial all presuppose that the body lies in state, present and visible in the midst of the congregation.

One other note: cemeteries usually require grave liners. They keep the ground from sinking over time as the dirt settles and keep the casket from caving in under the weight of the earth above. The basic type of grave liner is made of sheets of concrete that fit together into a box into which the casket is lowered. Usually, there are openings in the concrete to allow drainage. The next upgrade is a concrete box with a lid, allowing drainage. The upgrades continue and eventually include water-tight, air-tight, lead-lined vaults that harken back to the days of bomb shelters. This sort of contraption is highly questionable from an Orthodox Christian point of view.

Many people don't want anything fancy. They want to be put in a "plain pine box." These boxes can be found in a simple, rectangular shape or in the old-fashioned coffin style, often called a "toe-pincher."

There are a number of sources for simple or inexpensive caskets. Here are some of them:

- Desert Light House Pine Caskets (This is an Orthodox Christian woodworker.), 1181 Dilley Road, Tieton, WA 98947, (509) 673-0075, <http://www.desertlighthouse.net>
- Ark Wood Caskets, Ashland, Oregon, www.arkwoodcaskets.com , (888) 482-7135. Ark Wood's rectangular caskets are shipped flat and easy to assemble
- Zwisler Bros. Handcrafted Wood Products, Bayfield, Colorado, www.zwislerbros.com/casket.htm , (800) 621-4992.
- Burt and Bud's Vintage Coffins, Murray, Kentucky, www.vintagecoffins.com , (877) 371-9279. Plain coffins and coffin kits are available.
- Pacific Casket, Beaverton, Oregon, www.pacificcasket.com , (503) 644-3465. This website also has a lot of information about a number of aspects of funeral, and burials — including state and county regulations.
- Funeral Consumers Alliance: www.funerals.org . The FCA is dedicated to protecting a consumer's right to choose a meaningful, dignified, affordable funeral. There are many Internet links at this site.

–Funeral Guidelines – The Orthodox Church in America

But I do not want you to be ignorant, brethren, concerning those who have fallen asleep, lest you sorrow as others who have no hope. For if we believe that Jesus died and rose again, even so God will bring with Him those who sleep in Jesus. For this we say to you by the word of the Lord, that we who are alive and remain until the coming of the Lord will by no means precede those who are asleep. For the Lord Himself will descend from heaven with a shout, with the voice of an archangel, and with the trumpet of God. And the dead in Christ will rise first. Then we who are alive and remain shall be caught up together with them in the clouds to meet the Lord in the air. And thus we shall always be with the Lord. Therefore comfort one another with these words.

— 1 Thess. 4:13-18

1. The Church has no specific rules determining the length of time between death and the burial. Interment varies according to the climate, civil ordinances, customs, and circumstances, and may be held immediately following death, or after a number of days.
2. The hour of interment is also not fixed; it may be at any time during the day to accord with cemetery regulations and parish needs.
3. It is assumed that, unless the death was an accidental or untimely one, the priest has been ministering to an aging person, or one suffering from some ailment or sickness, and has prepared the person for death through participation in the Mysteries of Penance and Holy Eucharist.
4. The priest should read the Prayers at the Departing of a Soul and passages from Holy Scripture. Merely to be present at the bedside of one's spiritual child and not minister with audible prayer is unworthy of the priesthood.
5. If the priest was not at the bedside of the dying parishioner at the time of death, he must make contact with the family, offering to assist them through the time of grieving and mourning.
6. The Service for the Departed (panikhida) is sung on the eve of the burial whether the body is in the temple, funeral home, or elsewhere.
7. The body of the departed may be brought into the temple at any time prior to the time of the Funeral Service, whether days before or on the day thereof.
8. According to traditional practice, the casket is open from the first Service for the Departed (panikhida) until the conclusion of the funeral service. The body is not to be shunned or rejected because it is in an altered state. To view the body at the funeral home but not in the church is illogical.
9. The casket is positioned so that the feet of the departed are toward the iconostasis. Thus, the person, if alive, would be standing facing the Holy Altar.
10. The Funeral Service is usually served in the temple on the day of the burial.
11. The Divine Liturgy may be celebrated on the day of the Funeral Service. This takes place before the Funeral Service. Celebration of the Divine Liturgy is precluded during the Great Fast when the weekday liturgy is not celebrated.
12. The Funeral Service and burial are generally not officiated on Sunday or Pascha. If the Funeral Service is scheduled for Monday, the body may be brought into the temple only after the service of Vespers on Sunday evening. There may be circumstances for which immediate burial may be necessary, and in this case pastoral discretion is to be used.
13. Between the day of Pascha and the Sunday of St. Thomas, the Funeral Service follows the Typicon for these specific days of celebration.
14. An Orthodox clergyman may not take part in a service for a non-Orthodox deceased person even if that person is related to a parishioner. If invited, however, he may offer some words of consolation at the graveside or funeral meal.
15. Non-Orthodox clergy may not be invited to participate in the Funeral Service or offer any form of homily or public statement in the temple, or participate in the graveside service. The officiating priest, however, cannot control what takes place after the Orthodox service of burial has been concluded in a public cemetery.

16. Prayers for the dead are usually offered immediately after the burial at the memorial meal, on the third, ninth and fortieth day after death, and every year thereafter.
17. Saturday is the usual day for a memorial service. It may be scheduled immediately before the Vigil or Vesper Service. In this way, the prayers for forgiveness and repose preceding these services are illumined through the proclamation of the Lord's Resurrection in the hymns that are sung in the following services. However, the Service for the Departed (panikhida) may be served after the Sunday Divine Liturgy if the hierarch has given his blessing for this to take place at that time.
18. The Church has set aside definite days on which remembrance of the dead should take place. Among these are Meatfare Saturday, the second, third and fourth Saturdays of the Great Fast, the Saturday preceding Pentecost, and St. Demetrius Saturday.
19. In addition to these specific times, the faithful may have the names of the deceased remembered at the Proskomede and during the Divine Liturgy.
20. Memorial services are not permitted on feast days or from the Nativity of our Lord to Theophany, and from Palm Sunday to the Sunday of St. Thomas.
21. The rector is responsible for entering into the metrical book the required information about burials.

Non-Communicants

1. Membership in the Body of Christ, His Holy Church, is defined by participation in the Holy Eucharist. Inasmuch as a person, by refusing to partake of the Divine Body and Blood of Christ during his or her lifetime, has chosen freely not to be incorporated into the Body of Christ, unless there is reason to assume that the person has returned to Christ at the end of his or her earthly existence, that person will not be buried from the temple.
2. The burial service of such a person should only be a Service for the Departed (panikhida), including scripture readings for the dead. The priest may be vested in the epitachelion.

Non-Orthodox persons

If a priest is asked to bury a non-Orthodox person, he must consult with his diocesan hierarch, and with the hierarch's blessing bury the person according to the service prescribed in the Book of Needs.

Suicide

1. The act of suicide is a profound tragedy affecting a parish. It necessitates prayers for forgiveness for the sake of the departed and exhorts the members of the parish community to repentance and sorrow.
2. The Orthodox Church normally denies a Church burial to a person who has committed suicide. However, factors bearing on the particular case may become known to the priest, who must share this information with the diocesan hierarch; the hierarch will consider the factors and make the decision concerning funeral services.

Members of Masonic and Other Secret Fraternal Societies

1. If a parish priest is aware that a member of his flock is a Freemason, he should make it a pastoral concern to speak privately with the person, showing the incompatibility of Orthodoxy with Freemasonry.
2. When a communicating member of a parish falls asleep in the Lord and that person is also a member of one of these societies, the priest will show love and concern for the deceased. In his counseling of the bereaved family, he must not be hostile, but must inform the family that only the Funeral Service for an Orthodox Christian will be served.
3. Patiently and tactfully, and with discretion, he will state that no words or symbols other than those of the Orthodox faith can be introduced into the church or the funeral home.

The Church does not intend to control or prohibit others from executing particular rites after the funeral service that may take place after the priest leaves the burial site after committing the body to the ground.

Cremation

1. The practice of cremation is not a Christian one and is to be discouraged. Cremated remains are not to be brought into the temple for a burial service or for any other reason.
2. Although cremation is not encouraged, and the funeral service over cremated remains is denied, the remains may be buried only with the hymn Holy God.

Autopsy and Organ Donation

1. The priest should be sufficiently informed to help guide the faithful in this area of medical procedure. Some people think that they cannot refuse an autopsy to be performed on a loved one. No one is obliged to give approval for this procedure.
2. Unless there is a specific legal reason, such as determining the cause of death, an autopsy ought to be avoided. The desire for scientific information through experimentation is not enough reason to merit an autopsy. Nevertheless, this is a decision that the family itself must make. The Church is concerned that respect for the body as a temple of the Holy Spirit be maintained.
3. Donation of body organ or organs after death may be allowed as long as respectful care is exercised toward the body before, during, and after the extraction operation. Care must be taken that the organ or organs are given as a gesture of altruism, free of any commercial overtones.
4. The Church does not consider the sharing of organs as a lessening of the presence of the Holy Spirit in the deceased, or as a transmigration of part of the donor to the recipient. A healthy person not in expectation of imminent death may donate non-vital organs as long as his or her quality and integrity of life is not diminished or endangered.

Why We Pray for the Dead

In the Second Book of Maccabees (12:44-45), we are told that if Judas Maccabeus “were not expecting that those who had fallen would rise again, it would have been foolish to pray for the dead.”

The Tradition within our faith maintains that it is never “too late” to pray and entreat the merciful God to grant His tender love and forgiveness to those who have fallen asleep.

In relation to God, nothing is ever “too late” in the strictest sense. If we think so, then we run the risk of boxing in the Almighty, Who is beyond the creaturely reality of time and the passing of time. For this view to be true, the Eternal One would have to be something less than “ineffable, inconceivable, invisible, incomprehensible, ever-existing and eternally the same,” as we pray in the Anaphora of the Liturgy of St. John Chrysostom. If our prayers could be too late, then God must be changing, developing, growing in knowledge and wisdom. He would be in a package of our own making, and something less than What and Who He truly IS.

The true and living God exists “from all eternity” and unto the ages of ages. He exists from eternity past to eternity to come. He is outside the realm of created time. He is omniscient (all-knowing). In fact, God is Wisdom Itself. So he knows everything there is to know at all times: before the creation of the cosmos, now, and after the Second Coming of the Savior. As the Lord Jesus Himself once declared, the Father knows what we need and for what we ask in prayer even before we do so (Mt. 6:8).

Regarding prayers, then, God has already “heard” what we pray on behalf of those who are alive with us. He has already “heard” what we pray on behalf of those who have died. He has already “heard” what we will pray on behalf of those who have not even yet been born.

God considers the actions of His creatures “in one moment” so to speak — in eternity. Thus, if we can pray to God at all, then we can pray to Him on behalf of those, who from our human point of view, speaking in a temporal way, are “already dead.” Terms such as “too late” and “already dead” are meaningless as far as our prayer to God is concerned.

If we love someone, naturally we pray for that person. We often ask others to pray for us as well. We remember each other before God. For Christians it would be abnormal to do otherwise. Mutual love compels us to ask God to keep our loved ones in His Eternal memory — whether that loved one is alive here with us or not.

One of the major themes in the Psalms and the Wisdom literature of the Bible is that the memory of the faithful be kept not only by loved ones, but by God Himself. The loving remembrance of the deceased is actually an act of placing our memory of them and our love for them in union with the Eternal memory and Love of God. The Eternal Memory and Love of God for his creature actually enlivens that person. When God remembers, his creature lives.

The remembrance of the dead in prayer is an ancient Christian practice. In Christ, all are made alive. Christ has filled death with Himself. Death cannot separate us from the love of God in Christ (Romans 8:38). Our lives are hidden with Christ in God (Colossians 3:3).

Since a person's eternal destiny is determined immediately after death (though one must “wait” for the General Resurrection to receive the full measure of one's reward), we must not expect that our prayers will snatch an unbeliever from Sheol to Paradise. It is our

present life that determines our eternal destiny. Now is the time to repent and accept the love of God. Death commits each person to his or her special encounter with God — judgment before the awesome, dread throne of glory. This is why the Lord once said that work must be done while it is day, because when night comes no one can work (see John 9:4). “Day” in this context means this present life. “Night is the condition after death.

What happens beyond the grave belongs entirely to God. He has told us as much as we need to know. The rest is covered with a veil of mystery, which our curiosity is incapable of piercing. The faithful have committed themselves to God for the duration of their earthly lives. It is well for us to commit our departed loved ones to the mercy of God through prayer, because they have the assurance that God — in the riches of His mercy — has ways to help them beyond our knowing.

The Church encourages us to express our love for our departed loved ones through memorial services and prayers. The anniversary of the falling-asleep of our fathers, mothers, brothers, sisters and children can be painful. The Church assists us by providing opportunities to express our love. We are given the opportunity to do something for our loved one. We are also enabled to express our own grief.

Death may take our loved ones out of sight, but it cannot take them out of mind and heart. Our memorial prayers help us focus on the Risen Savior. They also help us focus upon all those in the tombs to whom he has granted eternal life by trampling down death with His own life-creating death.

Orthodox Christians pray for the dead so that the Lord will have mercy on their souls, that He will grant them eternal rest “in the bosom of Abraham, Isaac, and Jacob,” that He will extend His unfathomable love upon them, and that He will receive them into that state “in which there is neither sickness, nor sighing, nor sorrow, but life everlasting.”

St. Paul clearly teaches that those who have gone before us are still members of the Body of Christ, the Church. And it is the duty of the members of the Church to pray for one another. Just as the living continually beseech God to have mercy on them and may rightly offer prayers to God on behalf of their living spiritual sisters and brothers as well as request prayers on their own behalf from others so too we have the duty to pray for all members of the Body of Christ, even those who have departed this life and still “belong to Christ.”

Early Christians, surrounded as they were by death as a result of official persecution on the part of the Roman Empire, took great care to honor the dead, to bury them with great reverence - to the point of offering the Eucharistic celebration near their graves, which is one of the earliest indications of the veneration of their relics, and to remember them on the anniversary of their deaths which were seen as “birthdays” into eternal life.

In asking God to have mercy on the souls of the departed, we also ask God to have mercy on us who are still in this life, and we recognize that we too shall die. All members of the Church, living as well as faithful departed, cry before the throne of God, “Lord, have mercy on us.”

The Descent into Hell

We make reference to the Savior’s descent into hell at every Sunday Divine Liturgy. It is there where He has destroyed its powers. It is from where He has delivered us from its depths. It is where He has shattered its gates. It is where — not being tempted by it — He

has captured it. It is where He has bound it up and even slain it Himself with the splendor of His divinity.

Our liturgical language is biblical language. Our liturgy reflects the faith and theology of the Church. So, what we sing and pray is based upon the divinely inspired words of the Holy Scriptures.

The term “hell” is often used in English translations of the liturgical texts. But in the 21st-century English speaking world, “hell” could be misleading. “Hell” is often used to indicate that state or place which the Hebrew Scriptures called Sheol. Sheol and hell are considered to be two very different things.

In the 17th-century English translations of the bible and the Book of Common Prayer became the norm of “Church English” and remained so until only recently. These publications represented the thought of the Western Reform movement within Christianity — not the *lex credendi* or *lex orandi* of the Christian East. In English Bibles and related texts, the Hebrew terms “Sheol” (Greek Hades) and “Valley of Hinnom” (Greek Gehenna) were rendered “Hell.”

“Hell” is an Old English word with etymologic roots in Old Teutonic (German). It means “what which covers up” or “hider,” or *helan*. In Norse mythology “Hel” was the goddess of the underworld, the ogress of infernal regions. In English, “hell” has come to mean the abode of devils; the dwelling of the condemned spirits of the wicked; the home of Satan. “Hell” refers to a place (or state) of misery, suffering, wickedness, evil, wild pandemonium, turmoil, a lake of fire and torment where refuse is cast. Poetically, “hell” has personified the power and spirit of Satan. “Hell” brings to mind pitchforks, horned men with pointed tails and cloven feet and the eventual end of those who have lived “the good life” as defined by this world.

What has this to do with Holy Saturday, the Blessed Sabbath on which the Lord rested from all His works, on which He descended to proclaim liberty to the captives, and from which He pulls Adam and Eve?

The Hebrew concept of “Sheol” refers to the place that was believed to be situated between the earth and the waters under the earth and the nether world. Sheol is the Pit; the Abyss; the Regions Dark and Deep; the realm of the dead to which all, both good and evil, were consigned after death to abide in an eternal, shadowy existence in a faint semblance of life.

Eventually the concept of resurrection began to emerge within Jewish thought. It was believed that after death and a brief sojourn in Sheol, righteous Jews were led to life and paradise and the wicked were led to death and torment.

In late Hebrew thought, there was also the idea that the righteous and just proceeded directly to heavenly bliss (Abraham’s bosom) after death in order to await restoration to life. The ungodly proceeded immediately to Sheol in order to await their sentence of punishment. So Sheol came to be known as the place of the damned, the spiritually dead, those for whom there was no hope (see Psalm 88).

The Valley of Hinnom (also Gehenna) was a ravine just South of Jerusalem. It was used for centuries as the city’s refuse dump. It was ritually unclean. Fires there smoldered perpetually. It was in this valley that (in Old Testament times) wicked cults to foreign deities (accompanied by sacrifices and the cremation of children to honor Baal and Molech) flourished. These garbage and sacrificial fires, together with vile rites, gave rise to the

notion of eternal flames, a lake of fire, a furnace where worms never cease to torment the damned, where the condemned gnash (grind) their teeth in agony and anger.

The Jews associated this valley and its constant smoldering pyres and ash heaps of refuse with the fires of God's punishment of the wicked in their midst. This ravine in New Testament and Byzantine times served as a burial plot for Jews and Christians. The "Potter's Field," bought for the burial of paupers with the impious Judas' avaricious silver was located in the Hinnom Valley. Thus, the rituals of demonic cults, the fires of torment, death and burial and Jewish notions of ritual impurity all became intertwined in this place.

As with Patristic Greek, Latin and Church Slavonic, so also Hebrew had become intelligible to most first-century Jews. They needed a "vernacular" or common version of the Scriptures. The Old Testament (the Hebrew Scriptures) were translated into Greek — the Septuagint, or LXX. In this Greek translation of the Hebrew Scriptures, the word "Hades" was used for "Sheol." But "Hades" brought with it many of the pagan connotations of Greek mythology. This eventually had its effect upon biblical and popular use just as "Hell" has had in our day and age.

Within the early Christian community the common language was "koine" Greek. So, taking the lead from the Septuagint translation of the Hebrew Scriptures, the Christians used the word "Hades" to indicate the abode of the souls that had been loosed (or separated) from their bodies. Hades also indicated the deepest depths (as opposed to the highest heavens). It also referred to the place (or state) from which the righteous will be delivered up at the general Resurrection.

Christ was considered to be the Lord of Hades. Once the Forerunner John had prepared the way of the Lord on earth, he prepared the way of the Lord in Hades. Then Christ descended and preached the Good news to the souls in Hades. The dead there would hear His voice and live. He holds the keys to Death and Hades. Hades and Death themselves (personifying the last enemy to be destroyed) will eventually be thrown into the lake of fire only to be joined by Satan, the Antichrist, the Beasts and all sinners who refuse to embrace the uncreated fire and light of God's love.

So, when we sing of Christ's victory over Hell or Hades, we might do better if we used the word Sheol. If *lex credendi est lex orandi* (our prayer and faith are one), then we must translate responsibly, saying what we mean and meaning what we say.

Practical Considerations

Communication: Starting to Talk about End-of-Life Concerns and Wishes

Those who are involved with end of life concerns agree that we should all discuss these concerns with the significant people in our lives in advance of any crisis. These discussions can lessen the uncertainty and stress for our loved ones when our end of life nears. It is never too early to start. For most of us, however, the end of life is a difficult and emotionally packed topic. We may fear asking for help from others or participating in a decision-making process. So how do we begin? Here are some suggestions.

The following occasions could be used as opportunities for having conversation about your end-of-life wishes:

- Around significant life events, such as death of a loved one, retirement, anniversaries.
- While drawing up your will or doing other estate planning.
- When a major illness of you or a family member requires a change of living arrangements.
- Occasions when family members may be gathered together.
- Parish discussion group on end of life issues.

Discussing Your Own End-of-Life Wishes

Hold a Meeting of Family or Close Friends or Both

- The end of life usually involves your priest, family members, friends and doctor. If you include them early in this discussion and throughout the decision-making process, it can help them feel connected and informed about your wishes and how they can be a part of your plan of care. This plan can be as detailed as you want. Since your views on your end-of-life care can change over time, periodic discussions are encouraged.
- When planning the meeting, make certain that those you include understand the purpose — having an open discussion about living and dying and making decisions and choices that will affect how you will lead the remainder of your life if a terminal or debilitating illness strikes.
- For more information, see Dr. David Kuhl's book, *What Dying People Want: Practical Wisdom for the End of Life*. See especially pages 118-135 for a five-step process for holding a family meeting for the terminally ill.

Appointing a Proxy or Health Care Representative

- Hold a discussion with at least one friend or relative who is most likely to be able to speak for you or to make decisions on your behalf when you can no longer speak for yourself. This person will be your appointed healthcare representative or proxy or receive your durable power of attorney.
- We cannot, of course, speak of all the possibilities that might come about concerning end of life, but answering some “what if” questions may help facilitate a discussion on what you may want done in certain situations.
- You may refer to the end of life Medical Issues section of this booklet and an Advance Directive Form for specific questions that will aid your discussion.

Discussing a Loved One's End-of-Life Wishes

Perhaps family members or loved ones have not shared their thoughts with you about their own end-of-life wishes. You may find that you will need to take the initiative in having this discussion. The National Hospice Foundation has a few helpful pointers to keep in mind as you plan for having this conversation:

- Learn about end-of-life care services available in your community.
- Select an appropriate setting and plan for the conversation and who will be present, since this is not a discussion to have on the spur of the moment.
- To help initiate the conversation share an article, magazine, a TV show, movie or story about the topic.
- Ask permission to discuss the topic, such as, “I’d like to talk about how you would like to be cared for if you got really sick. Is that OK?” or “If you ever got sick, I would be afraid of not knowing the kind of care you would like. Could we talk about this now? I’d feel better if we did,” or “Do you have an advance directive?”
- Try to maintain a warm and caring manner throughout the conversation by using nonverbal communication to offer support. Allow your loved one to set the pace.
- There may be resistance the first time you bring up this topic. It is usually fear that keeps us silent on difficult topics, and we may have to make several attempts before these conversations happen. Don’t be surprised or discouraged; instead, plan to try again at another time.

Questions to Consider

1. If your heart stops, do you want attempts made to start it? This is called cardiopulmonary resuscitation, or CPR, and usually includes cardiac compressions, electric shocks, placement of a tube from the nose or mouth into the lungs, and possibly the use of a ventilator to breathe for you. If there are no direct orders to the contrary, all emergency personnel will do CPR.
 - If you do not wake up after CPR, would you want the ventilator to be discontinued to see if you would be able to breathe on your own? If you cannot breath on your own, how many days would you want to remain on the ventilator?
 - If you do not want full CPR, would you want intravenous (IV) medication if you had a serious disturbance of the heart rhythm?
 - If you do not want full CPR, would you want ventilator support for a short time for something such as pneumonia?
2. If you are in a permanent coma, do you want to have artificially administered fluids and nutrition through intravenous tubes or through a feeding tube into your stomach (via the nose or directly through the abdominal wall)?
 - If not, how long should the doctors to wait to see if you could eat on your own?
3. Do you want antibiotics for infections?
 - If so, do you want only oral antibiotics or would you accept intravenous or intramuscular (IM) antibiotics? Generally, the decision to give no antibiotics is used only for someone very close to the end of life.
4. Would you accept surgery for emergency problems such as appendicitis?
 - Would you accept surgery for cancer?
 - If not, do you want your doctor to continue doing screening tests for cancer, such as rectal exams, sigmoidoscopies, or mammograms?

5. Do you want to donate any organs after death?
6. Do you have strong feelings for or against post-mortem exams (autopsy)?

The answers to these questions usually change as a person gets older or develops serious illnesses such as cancer, Alzheimer's disease, or severe lung disease.

Communicating Your Wishes

Let your loved ones know now — when you are still able to communicate effectively — what your preferences for treatment would be if you were confronting a terminal illness. A few simple steps you can take to ensure that your end-of-life wishes are followed when the need arises:

- Draw up a living will or advance directive of written instructions to make known what you want done if you are seriously ill and unable to communicate your wishes.
- Have a durable power of attorney in place that authorizes a person of your choosing to make decisions if you become unable to do so for yourself. Make sure to communicate your wishes to this person and make sure this person agrees to assume the responsibility.
- Consider completing a physician orders for life-sustaining treatment (POLST).

Advance Directives

The Advance Directives, also known as Health Care Directive, living will, or directive to physician, is a legal document that declares your wishes for health care in the event of a terminal illness or injury, should you not be able to communicate your wishes. Advance Directives can be useful tools for making your end-of-life care wishes known. They are not, however, intended to be used as stand-alone documents. It is also important to have detailed personal conversations with your family and loved ones about these issues.

- An advance directive may also include durable power of attorney for health care, do not resuscitation (DNR) orders, and instructions for anatomical gifts.
- You must be 18 years or older to sign an advance directive.
- The directive is effective only if there is a terminal illness or injury.
- Your signature must be witnessed by two people in order for the document to be legally recognized.
- You may change or revoke your advance directive at any time.
- You should keep at least two copies of your advance directive at home and should give copies to your priest, physician, close relatives, lawyer if you desire, and any healthcare givers you may have, such as hospice.
- Oregon and Washington have reciprocity, meaning that they will recognize each other's forms.
- Because every state has different laws, it is in your best interest to consult a lawyer about these documents.

Oregon

Although most states will recognize any document that is appropriately witnessed, in Oregon you are advised to use the official state form, which is more readily recognized, and will facilitate your wishes being followed. You may sign your advance directive either in the presence of your witnesses or beforehand. If you sign it beforehand, you need to tell your witnesses that the signature is yours. Witnesses do not need to read your advance directive. They are declaring that they know you, that you signed the document, that you appear to be of sound mind, that you have not appointed either witness as healthcare representative, and that they are not your attending physician. One of your witnesses must not be a relative of the person signing the advance directive, not be entitled to any portion of the person's estate upon death, and not own, operate or be employed at a healthcare facility where the person is a patient or resident.

Washington

You must sign your advance directive in the presence of your witnesses. Neither witness may be related to you by blood, marriage or adoption, entitled to any portion of your estate or have any claim on it, or be a physician attending you, a person employed by such a physician, or someone employed by a health care facility in which you are a patient.

Addenda

- You may include addenda to your advance directive form to specify your wishes.
- Attached you will find a suggested addendum, "Advance Directives for Orthodox Christians," which you may use to supplement your Advance Directive.

Durable Power of Attorney for Health Care

The durable power of attorney for health care (DPAHC) allows you to appoint someone to make health care decisions for you. This person is known as your health-care representative (HCR) and should be someone whose judgment you trust. The durable aspect allows the decision-making power to go into effect after you are no longer competent. You may have both an advance directive and a durable power of attorney, and you may specify what decisions your health-care representative may make. Your health-care representative will be required to follow your known wishes, and if your wishes are unknown, the representative must act in your best interest. Your health-care representative may not decide about mental health treatment, sterilization, abortion, psychosurgery, shock treatment, or mercy killing.

If You Do Not Have an Advance Directive

Most state's statutes allow close relatives and friends to decide about life support for the patient. Generally, the order of people who can make medical decisions for a patient who is unable to give consent for treatment is guardian, the holder of a durable power of attorney for health care, spouse, adult children, parents, adult siblings. If there is more than one person in a group, all must agree on the decision. If they cannot reach an agreement, it may be necessary for the court to appoint a guardian who will make all medical decisions for the patient.

Guardian

A guardian is an individual appointed by the court to make some or all decisions for an incompetent person and is generally used if an individual has not made other arrangements before becoming mentally incompetent.

Physician Orders for Life-Sustaining Treatment

Both Oregon and Washington have laws endorsing physician orders for life-sustaining treatment (POLST). The form is intended for any adult, 18 years of age or older, especially those with serious or terminal health conditions, or who are very elderly. If you have a serious health condition, you are encouraged to decide what life-sustaining treatment you would want. The POLST form asks for information about your preferences for resuscitation, medical conditions, use of antibiotics, and artificially administered fluids and nutrition. It is best filled out in conversation among you, your physician and your health care representative. Once signed by your physician, the POLST form becomes medical orders that will be followed by emergency personnel until your physician can write other orders. It is important that the **original form** be easily accessible at you home or care facility and therefore is usually kept on the refrigerator or the door of your bedroom, so that paramedics will see it. It goes with you to the hospital and back home with you afterwards. It can be easily changed or voided if your desires change.

Autopsy

Regarding the question of elective autopsy, there is no clear teaching or tradition of the Church other than this: the critical issue is how the body is treated. There is growing sentiment, somewhat reasonable, that an autopsy can detect conditions that may be genetic and could save the life of later generations. In some instances, autopsy results have indicated a condition that can be inherited. Children of these prematurely deceased persons could be tested for these conditions and possibly receive treatment that might allow them to live longer, fuller lives.

Post-mortem Organ Donation

The human body is created in the image and likeness of God. As such, it is inherently a sacred temple. Even in death, the human body retains its sanctity. From the point of view of Orthodox (and particularly patristic) tradition, the matter of organ donation could be argued in two ways. There are no absolute answers.

Some Orthodox theologians say that organ transplants should be prohibited because the human body must not be reduced to a potential “reservoir of parts.” The body must not be deliberately mutilated or violated — even for the sake of another person. God-given integrity must be kept in tact.

Other Orthodox theologians say that the greatest act of love a dying patient can make is in offering his or her vital organs to others in order that life might be prolonged or improved — we are only stewards of the bodies that God has given us and we are called to exercise unconditional love toward our neighbor. Any decision made regarding the donation of organs should be made in an attitude of prayerful faith and in consultation with both one’s physician and priest.

Healthcare Options for Those with Life-Threatening or Terminal Conditions

Palliative Care

The term palliative care is often misunderstood. Palliative care is care aimed at relieving or lessening symptoms, especially pain. Palliative care is not aimed at curing, but does not exclude concurrent methods to cure. So, for example, to take an allergy medication is palliative. It does not cure your allergies, but it makes your symptoms less severe. The goal of palliative care is achievement of the best quality of life for patients and their families. The expected outcome is relief from distressing symptoms, easing of pain, and enhancement of quality of life.

Hospice

Hospice is a philosophy of care; it is not necessarily a place. It is not “giving up,” but a shift in what you are asking of the medical community. It is a way of caring for people who are terminally ill and for their families. The focus is on comfort and quality of life, rather than on cure. Hospice, in this country, is most often provided in the patient’s “home.” Home may be anywhere the patient chooses to live, whether that is in his or her own residence, the home of a family member, a foster home, assisted-living facility, or a long-term care facility. There are some free-standing hospices, places where people can go if they do not want to die at home, or if they do not have an appropriate home environment. Hospice care is provided by a coordinated interdisciplinary team, which generally includes help that is available 24 hours a day. Hospice addresses the medical, psychological, spiritual, and practical needs of the patient and the related needs of the family and loved ones throughout the illness and bereavement. Hospice usually provides medications and equipment related to the terminal illness.

Dispelling the Myths Surrounding Hospice

Many people, and physicians, have misunderstandings about hospice.

- Hospice does NOT require that you have a 24-hour-per-day caregiver.
- You do **not** have to change doctors or insurance.
- Hospice **is** covered by Medicare Part A.
- Hospice benefits are **not** limited to six months.
- The general guidelines to become a hospice patient are that:
 - ☉ Your physician has determined that in all likelihood you have less than a six-month life expectancy,
 - ☉ You are willing to accept the hospice philosophy and no longer want to pursue curative treatment,
 - ☉ You are willing to have a Do-Not-Resuscitate order.

Being Referred to Hospice

Your physician will need to refer you to hospice care. An initial referral to hospice always begins with an honest discussion between the patient and their physician about care and treatment options. Unfortunately, although many people assume that their physicians will bring up the topic of hospice when it is appropriate, physicians often assume the opposite, that patients will ask about hospice when they feel ready. This results in what is often called a “conspiracy of silence,” and which often leads to late referrals to hospice. This late referral frequently occurs in the midst of crisis and precludes the patient and family from benefiting from many of the services that hospice could have provided earlier. The moral of the story is: Don’t be afraid to bring the topic up with your physician and to start the discussion early, even hypothetically, while you are still pursuing curative treatment.

Once this conversation has occurred and the decision has been made, your physician will refer you to a hospice. If you have a preference for a particular hospice, let your physician know. After a referral is made, you can expect a call from the hospice to set up an admission visit. This visit is generally an information-sharing visit in which you will learn about the particular hospice you are being admitted to, and they will learn about you and your needs. You can interview more than one hospice if the first one doesn’t appeal to you. Or you may decide **not** to enroll in hospice at this time. You will not lose your hospice benefit or be rejected later when and if you change your mind.

If you are interested in researching hospices in your area, you may obtain information from the references in the appendix.

Insurance Coverage and Paying for Hospice:

Hospice programs work closely with patients and families to identify reimbursement options. *Generally, care is provided regardless of the patient’s ability to pay.*

Medicare Hospice Benefit

Hospice care provided by a *Medicare-certified hospice program* is covered by the Medicare Hospice Benefit (Part A). Physician services continue to be billed through Medicare Part B.

Medicare patients are entitled to two 90-day hospice benefit periods, followed, when necessary, by an unlimited number of subsequent 60-day benefit periods. The benefit period may be used consecutively or at intervals. The patient must be certified as terminally ill at the beginning of each period.

Medicare hospice benefits include the following:

- Physician services
- Nursing care
- Medical equipment and supplies
- Medications for hospice-related diagnosis.
- Short-term in-patient care, including respite care
- Home health aide and homemaker services
- Physical therapy, occupational therapy, speech therapy

- Medical social services
- Dietary and other counseling.

Services not covered by Medicare hospice benefit are these:

- Curative treatment that is not for symptom management or pain control.
- Care that duplicates care the hospice is required to furnish.
- You may however, continue to receive Medicare Part A and B benefits for the treatment of health problems **unrelated** to the terminal illness.

Other Payer Sources

Medicaid — Medicaid generally follows Medicare Hospice Benefits.

Private Insurance Coverage — Most insurance providers cover hospice care through specific hospice benefits. When there is not a specific hospice benefit, insurance companies often reimburse through a hospital or home health care benefit. Patients should be encouraged to contact their insurance carrier about coverage for hospice.

Non-Medicare-Certified Hospice Programs — Services from hospices that are not Medicare certified may be billed under regular Medicare Part A, the Oregon Health Plan, or commercial hospice benefits. Some hospices do not bill for services.

Other Support Services

Comfort and Supportive Care Programs

Hospital-based supportive care and pain clinics offer consultation in pain and symptom management.

Home Health Agencies

Home health agencies offer part-time or intermittent skilled nursing services, physical therapy, occupational therapy, speech therapy, and home health aide services if you are not ready to become a hospice patient.

Mental Health Resources

Mental health programs help to determine patients' decision-making ability, suggested medications for agitation, and mental health assessment and treatment planning.

Bereavement Support Resources

Bereavement support services, including education, counseling, and grief support groups, are offered to families and friends following the death of an individual and to communities following traumatic events. Bereavement services can be obtained through local communities or hospice programs.

Caregiver and Respite Support Services

Short-term in-home or in-patient care is provided when necessary to relieve the family members or other persons caring for the individual at home. Respite care is provided occasionally, as necessary to meet the patient's need.

Chaplaincy and Spiritual Support

Your parish priest, parish nurse and parish community are available to support you. Hospice programs also offer chaplaincy services to support individuals and their families spiritually.

State Senior and Disabled Services Division

The State Division offers help with access to government services. Various other services are available, depending on the patient's age, disability, and county of residence. Your parish nurse can help you to locate these resources.

The Time of Physical Dying

People approaching death go through various physical and mental changes, but each person approaches death in his or her, own way. The information included here is just a guideline, which may help you understand a little bit of what you or your loved-one is going through. Knowledge of this course may help you make your loved one more comfortable, but it is important to realize that these changes are not signs of a medical emergency that need to be fixed. Even before many physical changes occur, the person may suffer fear about what is coming — fear of loss of independence, fear of being alone, fear of the process of dying, and fear of death itself. Changes leading to an expected death often begin about one to three months before death, but the actual dying process usually begins within the two weeks before death.

Three Months before Death

In the three months prior to death, a person begins to withdraw from the world around him, becoming less interested in the news, in television, in visits from friends and neighbors, and finally even from children, grandchildren and perhaps even the spouse. Some people use this time for self-evaluation. Sleep increases and often a person spends more time in bed than out of bed, becoming very weak. Communicating with words, which requires more energy, may become less important, but touch and quiet presence tend to become more important to the dying person. Interest in food lessens and usually liquids are preferred to solids. There may be occasional, brief cravings for certain items, but taste gradually disappears for meats, vegetables, and eventually, even soft foods.

It is important for the family not to feel rejected or left out as the dying person withdraws from contact and starts to refuse food. Offering small portions of food is a good idea. If there is a craving, buy only a small amount, because the craving may disappear very quickly.

Two Weeks before Death

In the last two weeks prior to death, the dying person often sleeps most of the time and may be confused when awake. He may talk about people and places that are unknown to the family, and even seem to converse with people who have died. Activity may seem aimless, including picking at the bedclothes. Eating and drinking both decrease even more. There are a number of physical changes. The blood pressure falls and the heart rate can either become rapid or slow and irregular. Body temperature can be high or low, and often there is increased sweating. Skin color can change and become flushed, bluish, or even

slightly yellow. Breathing rate may be fast or slow and often becomes irregular, with a temporary stop, followed by a faster rate. The lungs and throat may be congested, but suctioning may only make the person more uncomfortable. Incontinence of bladder and bowels becomes common.

Even if a person seems to be asleep, assume he can hear you and in your conversation be sensitive to his presence. Sit with your loved one, holding his or her hand, but do not shake it or speak loudly. Spend time with him when he is most alert. Identify yourself by name before you speak. If he says something untrue, don't feel the need to correct him, but allow him to share the experience with you. Give calm reassurance.

Two Days before Death

In the last two days before death, the dying person sometimes has a surge of energy. He may talk clearly and alertly, request and eat a favorite meal, or visit with family and friends. Then the physical signs from the prior two weeks increase in intensity. Restlessness increases and breathing patterns become quite irregular, including pauses of up to 30-45 seconds. Lung congestion becomes more obvious and can be helped by positioning on one side or the other. The eyes may look glassy and half-opened, hands and feet become purplish, and skin becomes mottled or blotchy, cool or clammy. The dying person usually becomes less, or not at all, responsive. Blood pressure falls, pulse becomes weak and hard to find. There is little or no urine output.

To help comfort the dying person; make sure to maintain cleanliness, smooth the bedding, do gentle position changes. Even if he takes nothing by mouth, he will not suffer from hunger or thirst because the brain function to feel those sensations has also decreased. Use ointment to keep lips moist and use a sponge lollipop to moisten the mouth. Giving permission to your loved one to die can be difficult for you, but may be important to let him know that you will be all right, so that he does not try to hang on to life for your sake.

Signs of Death

When death has occurred, the heart stops beating, breathing stops, the body cools and color becomes pale, muscles relax, urine and stool may be released, the eyes may remain open, the pupils enlarge and don't change, the jaw can fall open, the sound of trickling of internal fluids can be heard. Even after the heart has stopped for the last time several more breaths can occur.

In an anticipated death, you should call the priest, if he is not already present, and your hospice nurse. There is no hurry, and the body does not have to be moved until you are ready. If the family wants to assist in preparing the body, by bathing or dressing it, that may be done at this time. Call the funeral home when you are ready to have the body moved. If this was an unexpected death you should call the medical examiner of your county.

Saying Goodbye

Saying good-bye is your final gift to your loved one. It may be lying in bed and holding him, or holding his hand. It is a good time to say, "I love you," or reminisce about favorite memories, apologize for things you've done and thanking him for things he has done. Remember that these last words can be fatiguing to the dying person, so do not feel that you have to say everything. Tears are a natural part of saying good-bye and do not need to be hidden.

Saying goodbye to the dying person requires getting your “self” out of the way to be actively present: to listen, to touch, to pray with and for him. It also requires that you break through any discomfort you may feel so that you can express your feelings for the dying person. Speak honestly about how you feel. It may be helpful to begin the conversation with, “I find this difficult,” or “Your friendship has meant a great deal to me,” or “I don’t want to say goodbye to you,” or “I want you to know that I love you.”

Give and receive forgiveness. You may need to seek reconciliation with the person, to ask for forgiveness for something that stood between the two of you in the past. Assure the person that you will end the conversation whenever he wants it to end. Agree that it is not your intent to hurt, but be aware that hurt or pain might occur. If it does occur, agree to work toward resolution. The following are a few examples of how a conversation might begin: “Some of what I have to say is very easy to say. Other parts are more difficult. First, I want you to know how you have influenced my life. I want to remind you of some of the events that were particularly important to me”; “I felt I hurt you when... and I’m very sorry about that. Could you forgive me for... ?” or, “I felt hurt when ...” “I wonder whether you might want to say some things to me as well. How can I make that easier for you?” Be sensitive about when to end the conversation. If you sense any agitation or restlessness as you speak, stop. Again, the intent is not to cause distress or anger.

If you are able to be with a loved one at the moment of their death, embrace the moment as a blessing. This can be a sacred, grace-filled moment. You do not need to hurry. Many things will be demanding your attention soon enough. Now is an opportunity for individuals and families to say goodbye.

Some people seem to wait until they are alone to die, so you do not need to feel guilty if you were not present at the actual time of death. Saying goodbye even after the person has died can be helpful to bring closure and healing. Pray for the deceased person, acknowledging that we are all surrounded by a great cloud of witnesses, the saints and martyrs of the Lord through all ages (Hebrews 12:1), and that “neither death nor life... , nor any other created thing, shall be able to separate us from the love of God which is in Christ Jesus our Lord” (Romans 8:38-39).

There are several very good and detailed resources about these topics available from the St. Elizabeth Committee.

Dealing with Grief

“What pleasure is there in life that is not mixed with grief and sorrow? I weep and I wail when I think about death, when I consider those who are laid in the grave. God alone, by His will and command has power to grant peace and rest to our souls.” These verses come from the hymns of the Funeral Service written by St. John of Damascus (who also wrote the Paschal Canon, “This is the day of Resurrection” See page 33).

In the Orthodox Church, we confront death head-on. We don’t try to deny it or to cosmetize it. One of the reasons for the custom of an open-casket funeral is so that we can “deal with death” in a realistic manner.

The text of the funeral services brings this home time and time again. We purposefully admit the fact that death is not natural. It is the last enemy to be destroyed. Yet in confronting death, we pray, “For the grieved and sorrowing who have set their hope in the consolation of Christ, let us pray to the Lord” (from the litany for the departed).

Father Alexander Schmemmann has written that the purpose of Christianity is not to “help” people by reconciling them with death, but to reveal truth about life and death in order that people may be saved by this truth. Christianity is the revelation of death because it is the revelation of Life. Christ is this Life. It is when Life weeps at the grave of a friend, when it contemplates the horror of death, that the victory over death begins. In Christ suffering and sorrow are not removed, they are transformed into victory. The defeat itself becomes victory, a way, an entrance into the Kingdom, and this is the only true healing. In this we have set our true hope.

Metropolitan Anthony Bloom described a conversation he had with a parishioner who had recently lost his wife. The bereaved man declared, “While we were both alive on earth we were one in all things. Now she has died and it is not a question of being at one. We have become one. All that is her eternal life in God she shares with me, mysteriously. We meet in prayer. We meet in sacraments. We simply meet with undying faithful love.” Bloom concludes by affirming that if we open our hearts to God, bereavement becomes the transfiguration of a beautiful, deep, holy relationship into something that is already now shining with the glory of eternity. In this we find true consolation.

Ways for us to confront our grief and sorrow have been given to us. Our outward expression of grief can take the form of reading through the Scripture lessons appointed for the funeral services, praying the prayers for the departed, lighting candles for our loved one, attending memorial services, participating in mercy or memorial meals, taking part in the All-Night Vigil in the church with the deceased lying in state (and even by extension, participation in the All-Night Vigil each Holy Friday before the burial shroud of the Savior). When these are taken together with simply “telling the story” of the departed (making their memory as eternal as we can, as in the case of Metropolitan Anthony’s parishioner) — we are given a powerful means of transfiguring our grief.

As we hear every year at Pascha from the mouth of St. John Chrysostom, “Christ is Risen and Life reigns.”

Grief is a response to a loss: loss of function, loss of identity, loss of relationship, loss of function. Grief is not rational; it is a great pain in the heart, the soul, at the core of one’s being. It does not just go away by itself. It usually must be felt, experienced, and expressed in order to be resolved. Our reaction to grief can overwhelm us with feelings that do not seem normal. But it is very normal to experience one or more of the following feelings when we are grieving:

- Emptiness in the stomach, loss of appetite or overeating
- Guilt and anger at the loved one for leaving or with God for letting them die.
- Feeling that the loss isn’t real, that it didn’t happen.
- Feeling overwhelmed.
- Anxiety attacks.
- Crying at unexpected times, waves of grief.
- Difficulty sleeping.
- Talking constantly about, or preoccupation with thoughts of the deceased.
- Restlessness, forgetfulness, lack of concentration.

- Sensing the presence of a loved one; hearing the voice or seeing the face.
- Feeling “out of place” in groups or crowds.

Mourning is generally described as a formalized, even public expression of grief — usually taking the form of a specific period of prayer, ritual, and in some cases, attire. Grief, on the other hand is generally more related to the internal workings after a loss. Many societies have very formal periods of mourning in which the bereaved is expected to feel great grief and not participate fully in normal activities. This period of official mourning gives a good opportunity to work through some of the expected sadness at the loss of a loved-one. Grief can sometimes take the form of anger at the deceased, anger at God, anger at the world, and even anger at oneself for one’s anger at any of the above. In cases such as this, the best route is to read through the Psalms and pray the ones that express applicable emotions , but always ending the Psalter with the Lord’s Prayer — “Thy will be done.” Other that lend themselves to prayer of the grieving are the Resurrectional hymnography such as the Paschal troparion, “Christ is Risen from the dead” or the Kontakion for the Departed, “With the saints give rest.” There is no exact timetable for grief. Do not assume that you should be “over it” or “getting on with your life” by a certain time such as 40 days or a year. If, however, you are so troubled by grief that you cannot function in life (do your job, maintain the household, have some activity outside your home), then you should seek assistance from your priest and possibly help from a physician or a counselor.

The Paschal Canon:

Irmoi of St. John of Damascus, based on the Biblical Odes from the Service of Matins

This is the day of resurrection.
Let us be illumined, O people.
Pascha. The Pascha of the Lord.
For from death to life,
And from earth to heaven
has Christ our God led us,
As we sing the song of victory.
(on the Song of Moses - Ex. 15:1-18)

Come, let us drink, not miraculous water
drawn forth from a barren stone,
But a new vintage
from the fount of incorruption,
springing from the tomb of Christ.
In Him we are established.
(on the Song of Hannah - 1 Sam. 2:1-10)

The inspired prophet Habakkuk
now stands with us in holy vigil.
He is like a shining angel
who cries with a piercing voice:
Today salvation has come to the world,
For Christ is risen as all-powerful.
(on the Song of Habakkuk - 3:2-19)

Let us arise at the rising of the sun
and bring to the Master
a hymn instead of myrrh,
And we shall see Christ,
the sun of righteousness
Who causes life to dawn for all.
(on the Song of Isaiah - 26:8-21)

You descended, O Christ,
to the depths of the earth.
You broke the everlasting bars
which had held death's captives,
And like Jonah from the whale
on the third day,
You arose from the grave.
(on the Song of Jonah - 2:1-9)

He Who saved the three young men
in the furnace
Became incarnate
and suffered as a mortal man.
Through His sufferings
He clothed what is mortal
in the robe of immortality.
He alone is blessed and most glorious:
The God of our fathers.
(on the Song of the Three Holy Youths,
vss. 3-22, 29-34)

This is the chosen and holy day,
First of sabbaths, king and lord of days,
The Feast of Feasts,
The Holy Day of Holy Days.
On this day we bless Christ
forevermore.
(on the Song of the Three Holy Youths,
vss. 35-66)

Shine! Shine, O New Jerusalem!
The glory of the Lord has shone on you.
Exult and be glad, O Zion.
Be radiant, O pure Theotokos,
In the resurrection of Your Son.
(on the Magnificat - Lk.1:46-55)

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Dying Well. <http://www.dyingwell.com>

Five Wishes: (888) 5WISHES; (888) 594-7437.

Funeral Consumers Alliance of Oregon. www.funerals.org

Grief Watch. www.griefwatch.com

Orthodox Church in America: Questions & Answers. <http://www.oca.org>

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National Hospice and Palliative Care Organization Helpline (800) 658-8898. <http://www.nhpco.org/data-base.htm>

Hospice Association of America. <http://www.hospice-america.org>

Oregon State Hospice Association. (503) 228-2104. <http://www.oregonhospice.org/>

Home Care Association of Washington. <http://www.hcaw.org/>

Washington Home and Community Hospices. <http://www.thewashingtonhome.org/services/bereavlinks.htm>

Oregon State Health Department. <http://www.dhs.state.or.us/publichealth/>

Washington State Health Department. <http://www.doh.wa.gov/>

Oregon Department of Human Services. <http://www.dhs.state.or.us/seniors/legal/>

Health Care Advance Directives Durable Power of Attorney for Orthodox Christians

–Addendum–

(Please add the following to your “Making Health Care Decisions Advance Directive” Form)

____ As an Orthodox Christian I have prayed for a painless, blameless and peaceful death. I request that medical providers and health care givers respect my Orthodox Christian beliefs. **It is important to me, if possible, to make a confession of my sins and participate in Holy Communion before I die. If it is possible to restore me to a level of consciousness to achieve this goal please do so.** But if this is an unrealistic expectation, then I do not wish efforts undertaken to postpone the separation of my soul from my body.

____ **Concerning knowledge of my condition.** I specifically direct my agent and all attending medical personnel to fully and completely inform me and my agent of my medical condition, including but not limited to the fact that I may have a terminal illness and my anticipated life expectancy. This information is vital so that I may prepare to die.

____ **It is unethical to take a life.** While it is not the highest of all values to preserve life, affirmative steps to cause death, including but not limited to euthanasia or suicide, are inappropriate. It can be permissible, and even appropriate in some circumstances, to allow nature to take its course without heroic medical interventions, until God determines to take my life. Using heroic medical measures to merely maintain my body’s biological functioning is not appropriate since mere biological existence itself is not considered to be of value.

____ **Pain management.** I wish that all treatment and measures for my comfort, and to alleviate my pain, be provided, so long as they do not arise to the level of constituting euthanasia. I request that my health care agent and medical care providers endeavor to humanely and compassionately balance my desire for pain relief and my desire to participate in confession, Holy Communion and prayer before I die.

____ **POLST.** I have completed Physician Orders for Life-Sustaining Treatment.

____ **Organ donation.** If it is determined that I would die if life support were withdrawn, I give permission to harvest my organs for donation to someone else.

____ **Post-mortem examination.** I give permission for this procedure if it is important for the understanding of the cause of my death or for the benefit of my descendents, and if performed with proper respect for my body.

____ **Religious principles.** Religious principles shall apply to the interpretation of this living will and medical instruction directives. I wish to condition the effectiveness of this directive upon its conforming to Orthodox Christian doctrines and beliefs to which I subscribe. In order to effectuate my wishes, if any question arises as to the requirements of my religious beliefs, I direct that my health care agent, consult with and follow the guidance of:

**Health Care Advance Directives
Durable Power of Attorney
for Orthodox Christians (Cont.)**

_____, or if not available
(priest) (phone)

_____, or if not available
(alternate priest) (phone)

I appoint as my Health Care Agent and proxy

_____,
(print name)

in my name and stead, to make decisions about my health care if I am unable to communicate my desires and if the foregoing instructions are deemed insufficient in any circumstance. My Health Care Agent should inform my priest, named above, of my condition.

A photocopy of this directive shall have the same force and effect as the original.

Dated this _____ day of _____, 20_____.

Declarant

The declarant is known to me, is eighteen years of age or older, of sound mind and voluntarily signed this document in my presence.

(Signature of Witness / Date)

(Print Name of Witness)

(Signature of Witness / Date)

(Print Name of Witness)

Revocation Provision:

I hereby revoke the above declaration and power on this _____ day of _____, 20_____.

Declarant

Modified Checklist for Emergency Record Guide

PRE-PLANNING

NOTES

- ___ Family meeting to discuss healthcare decisions:
- ___ Advance Directive (MD/priest/parish nurse)
 - ___ Living Will
 - ___ Durable Power of Attorney

___ Prepare a Will, preferably with lawyer.

___ Identify Executor _____
(name/phone)

___ Discuss Funeral Arrangements with:

___ Parish Priest _____
(name/phone)

___ Cemetery: _____
(name/phone)

___ Funeral Director: _____
(name/phone)

___ Discuss / select burial arrangements:

- ___ Casket
- ___ Vault/ outer case
- ___ Monument
- ___ Clothing / icon / jewelry
- ___ Flowers
- ___ Pallbearers
- ___ Food:
 - ___ Evening Vigil
 - ___ Memorial Meal
- ___ Transportation
 - ___ Funeral Cars
- ___ Memorial cards / service booklets
- ___ Thank-you notes/ other correspondence

___ Lodging for out-of-town visitors

___ Home preparation (visitors)

___ Identify liaison for communications with:

- Parish Priest / parish community
- Family/ friends/ employers
- Medical Personnel: MD/ Hospice / hospital

-OREGON FORM-
**APPOINTMENT OF PERSON TO MAKE DECISIONS
CONCERNING DISPOSITION OF REMAINS**

I, _____, appoint _____,
whose address is _____
and whose telephone number is (____) _____, as the person to make all
decisions regarding the disposition of my remains upon my death, for my burial or
cremation. In the event _____ is unable to act, I appoint
_____, whose address is _____
and whose telephone number is (____) _____, as my alternate
person to make all decisions regarding the disposition of my remains upon my death, for
burial or cremation.

It is my intent that this Appointment of Person to Make Decisions Concerning
Disposition of Remains act as and be accepted as the written authorization presently
required by ORS 97.130 (or its corresponding future provisions) or any other provision of
Oregon Law, authorizing me to name a person to have authority to dispose of my remains.

DATED this _____ day of _____, _____
(Signature)

DECLARATION OF WITNESS

We declare that _____ is personally known to us, that he/she is
signed this Appointment of Person to Make Decisions Concerning Disposition of Remains in our
presence, that he/she appeared to be of sound mind and not acting under duress, fraud or undue
influence, and that neither of us is the person so appointed by this document.

Witnessed By:

_____ Date: _____

Witnessed By:

_____ Date: _____

APPOINTMENT OF PERSON TO MAKE DECISIONS CONCERNING DISPOSITION OF REMAINS

I, _____, appoint _____,
whose address is _____
and whose telephone number is (____) _____, as the person to make all
decisions regarding the disposition of my remains upon my death, for my burial or
cremation. In the event _____ is unable to act, I appoint
_____, whose address is _____
and whose telephone number is (____) _____, as my alternate
person to make all decisions regarding the disposition of my remains upon my death, for
burial or cremation.

It is my intent that this Appointment of Person to Make Decisions Concerning Disposition of Remains act as and be accepted as the written authorization, authorizing me to name a person to have authority to dispose of my remains.

DATED this _____ day of _____, _____
(Signature)

DECLARATION OF WITNESS

We declare that _____ is personally known to us, that he/she is signed this Appointment of Person to Make Decisions Concerning Disposition of Remains in our presence, that he/she appeared to be of sound mind and not acting under duress, fraud or undue influence, and that neither of us is the person so appointed by this document.

Witnessed By:

_____ Date: _____

Witnessed By:

_____ Date: _____

(Inside Back Cover)

(Back Cover)