



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



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## Introduction

Welcome to *End-of-Life: A Guide for Humanists and Non-Religious People in BC*. This guide is for anyone non-religious (humanist, atheist, agnostic) preparing for their own, or witnessing a loved one at the end of their life. This guide is also for those who are simply interested in learning more about the humanist perspective of life & death. For information and support about experiencing a loss, please read our second guide, *Memorials & Grief: A Guide for Humanists and Non-Religious People in BC*. This is available for free on our website [bchumanist.ca](http://bchumanist.ca)

What is humanism? Humanism is a life philosophy that believes you can be an ethical, moral person without god. Humanist thinkers have been around for centuries, and promote human rights, scientific thinking and reason. If you haven't heard the term before, you might be thinking, "I support all those things!", then you might be a humanist! 69% of British Columbians identify as non-religious. The BC Humanist Association is a non-profit operating since 1984, and promotes secularism, human rights and scientific thinking. You can learn more on our website, [bchumanist.ca](http://bchumanist.ca)

In this guide, we will begin with a brief introduction to the humanist perspective of death, advance care planning, non-religious emotional support and ways to commemorate and memorialize a loved one's death. At the end of this guide is a diverse list of resources and recommended readings for each topic. These include personal services, books, support groups, healthcare resources and much more.

It is important to remember that health care access, including end-of-life care, is not equal throughout Canada and geographic, racial, religious and financial disparities serve as barriers to a death with dignity. You can help improve fairness in end-of-life care by voting for people who prioritize health care, and seniors' issues, and volunteering or donating to local, pro-MAiD hospice societies that offer free or reduced-cost services.

We hope that this guide provides you with support, advice and comfort during the end-of-life and grief process.

This guide is also available in an audiobook format which can be found on our podcast on Spotify, or on our website.

## The Humanist Perspective of Death

Humanists see death differently from religious people. Most humanists believe that there is no afterlife; that once we die, the self does not experience anything at all. The Greek philosopher Epicurus once said, “when death is there, we are not; when we are there, death is not”. While some believe this notion to be frightening, there is reason to believe that the humanist perspective is actually freeing and encourages us not to fear death. Because life ends with death, we do not experience a black hole of nothing, we no longer experience, period.

Ask yourself “How can I live my life better knowing that one day, I will no longer be alive?” and “Why is it significant to live a life, and do good, with no expectation of punishment or reward after death?”. Questions like these can help us consider why life, and why death matters to humanists.



Reflection: What other beliefs about after death have you heard about? What resonates with you? What doesn't?

## Advance Care Planning

Advance care planning (ACP) is a way of expressing your wishes and values in medical treatment, in the event you are no longer able to speak for yourself. These plans do not come into effect until the person is unable to speak for themselves. By taking this step to consider and discuss your wishes, advance care planning is one of the best ways you can ensure the care you want for yourself. In order to have your beliefs respected, you should make them known by those you love, and your healthcare providers.

In a 2012 survey, over 80% of Canadians have never considered ACP and only 9% have ever discussed their wishes for their care. Yet, there are so many benefits of ACP; including peace of mind for those you love, improving communication, reducing uncertainty in decision making, and reducing strain on the health care system. For people who have spiritual beliefs that differ from those around them or feel that there could be disagreements (from other loved ones) about care, an advance directive, a representation agreement/appointing a substitute decision-maker is especially important. An advance directive (AD) is a written component of ACP that refuses a type of health care treatment (a do not resuscitate, refusal of blood transfusions etc.). This serves to reduce serious conflict and prevent the risk of receiving treatments that are not aligned with your values or serve to prolong suffering. ACP can be completely free and can be done by any adult at any time, so long as they have the capacity to do so. As we all know, life can change in the blink of an eye, and in a world where many do not share our beliefs,

it's important to share what matters to you so that it can be respected. Don't wait to plan for this.

## Having the Conversation

There are many ways to begin advance care planning, but a comprehensive approach should include having conversations (this will be discussed in greater detail in a following section), a written record or video documenting values and wishes, the appointment of a substitute decision-maker and their contact information.

Advance Care Planning does not need to be a formal procedure. Any steps you take to having conversations about your wishes with the people you love, and your providers, is a good step.  "Go Wish" is advance care & end-of-life planning card game. The cards include statements such as "to have my funeral arrangements made", "to be free from pain", "to meet with clergy/chaplain", which you place into one of 3 categories of importance. Discussing these cards may help you consider aspects of end-of-life care you had previously not considered, and make arrangements to include, or exclude them from your care and environment. The game is optimistic and seeks to facilitate open conversation and set goals for defining the best end-of-life possible. Find a link to the free version in the resources section.

Reflection: Does this seem like an easy, or a challenging conversation to have to you? How can you make it more comfortable?

## Documenting Your Wishes

BC has an advance care planning guide entitled “My Voice: Expressing My Wishes for Future Health Care Treatment” that is available online, or in print copy at most health units and doctors’ offices. The guide consists of 56 pages of information and a workbook section and is available in multiple languages. Some people may find it easier to make a plan through Speak Up BC, an online, interactive approach that goes step by step. If you choose to do ACP this way, you can save and come back to it later by sending an email link to yourself. Once completed to your satisfaction, you may share the document by email, or print it. ACP can be done by recording a video answering the questions in the guide or having someone else write it for you, and you sign. Remember, in most cases, an ACP does not need to be notarized, but you should ensure at least two other people have a copy. It’s a good idea to let your doctor know that you have done advance care planning, and even share a copy with them.

## Organ & Body Donation Programs

As people who do not believe in any spiritual existence after death; philosophically, organ donation is fully supported by humanists worldwide (provided they have no other objections). After your one life, the fact that you are able to help another life is a marvellous scientific accomplishment. Because just 1% of all hospital deaths result in an organ donation, it's very important to register, and there's no better time than considering your advance care planning if you haven't already registered.

Choosing to donate your body to research and studies is another big decision that you can make to help further the advancement of our understanding of science and humanity. The University of British Columbia is the only university in BC that has this program. It is evident that they show great respect and care for the lives of their donors, and even read portions of letters written by them before their passing explaining why body donation was important to them.

Note that if someone chooses to die at home, organ donation (as there is insufficient time for cooling and transport) and medical donation may not be possible (due to delay of transportation). Due to the high need of organ donation, it takes precedence over body donation after death. You can find more information about all these options under the "Advance Care Planning" resources section at the end of this guide.

There are many other fantastic resources for doing advance care planning, which will be listed in the resources section.

## Checklist



### THINK

I have thought about what matters most to me and who can make healthcare decisions for me if I cannot.



### TALK

I have spoken to my family, friends and healthcare providers about my healthcare wishes.



### PLAN

I have recorded these wishes (written audio or video) and given copies to people close to me, and my healthcare providers.

I have registered my decision to be an organ donor with Transplant BC (and UBC Body Donation program, if applicable).



### REVIEW

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

## Healthcare Issues

Healthcare at the end of life can involve acute care (such as in-hospital ICU or palliative care unit), residential care (such as long-term care homes, detached hospice care) or home-based community care depending on the circumstances and person's wishes. Navigating end-of-life care can be very difficult, so ensuring the person has an advocate to help them make informed decisions, or decisions for them is very important. BC has a wealth of resources available for palliative care services, including an after-hours palliative nursing telephone support and financial support for those receiving home health services. Each health authority has its own services.

The Canadian Virtual Hospice is a helpful resource for all things hospice & palliative care related, in accessible language (and website features). This website provides one-on-one support for people with serious or terminal illness, their loved ones, and health professionals under the "Ask a Professional" feature. In the Index section of their website, they discuss topics from what to expect with certain illnesses, medications and nutrition, communication, decision-making, emotions & spirituality (that includes non-religious people too!), managing symptoms, preparing for death and grief and loss. The website also has specific sections for young people facing advanced illness, children's grief, and culturally specific discussions of care.

As with all healthcare in BC, free Provincial Language Service translators are available to you and your healthcare team at any time, in person or telehealth. It's important

that you or your loved one fully understands the information given by doctors and nurses, so in some cases, professional translators from this service may be required instead of a family member or friend.

## Medical Assistance in Dying

Humanists champion the right for all people to access medical assistance in dying (MAiD) to die with dignity. We advocate for this cause and the reduction of barriers associated with it. MAiD is federally legalized, but each Provincial health authority has its own steps for processing a request. Medical Assistance in Dying has been legal in Canada since 2016, and legislation, including eligibility criteria are changing. The changing criteria is expected to be as follow:

To receive medical assistance in dying, a patient must meet all of the following criteria as determined by two Assessors:

- Be at least 18 years old
- Be eligible for publicly funded health services in Canada,
- Be informed of means available to relieve suffering
- Request assistance without pressure or influence from anyone else,
- Have a grievous and irremediable medical condition (illness, disease, disability) and are suffering intolerably, and your condition cannot be reversed.

There are safeguards to ensure individuals make free and informed decisions to request MAiD, but these may also

serve as barriers. These are expected to change frequently as MAiD grows in Canada, but issues like the introduction of advanced consent (also known as an advance directive), the elimination of the ten day waiting period for reasonably foreseeable deaths and witness criteria that enables faster submission of the record supports an ethical, person-centred approach to healthcare.

BCHA supports efforts to increase community health services, so that seniors and people with disabilities can receive the in-home support they require. Access to MAiD is never a substitute for promoting the quality of life of vulnerable groups, and their wellbeing must come first.

As previously discussed, access to MAiD is limited based on an institution's religious affiliations. This in itself contradicts the secular mandate of Canada's care system and places unfair burdens on dying people; in particular, having to seek an alternate location within which to receive MAiD or not being able to receive it at all, due to the institution's religious affiliations. In some communities, the only facility available may be faith-based and does not facilitate MAiD. If this is the case, you will need to advocate for yourself to receive the care you have a right to. The first available bed policy is no longer in place, but you may be offered a bed in a place that is not your first choice. If you decline the bed, you do not go to the bottom of the list for a place in a new facility. But, unfairly, you will not receive the care you require. Alternatively, some people may choose to take that bed, and then ask to be transferred to another facility at the time of their assisted death. You

can also receive an assisted death within your home. Your local health authority can help you coordinate this.

In one troubling example, the Delta Hospice Society voted to enshrine Christianity into their mandate and ban MAiD from the hospice premises. There have also been reports that the applications of local non-Christian dying people were rejected to receive their hospice services. In a move that was applauded by the BCHA, the province cut \$1.5 million in funding to Delta Hospice as they no longer provided a necessary service to their patients. It is imperative that all facilities offering end of life care must offer MAiD to put the needs and rights of their patients above the religious beliefs of the institution.

It may seem strange that people in Canada can now plan the end of their life, but families who's loved one have had their wish fulfilled have expressed many benefits from the process. If you have family or friends who are not supportive of your choice to request a medically assisted death, you do not need to share this with them. Your healthcare providers will not tell them but note that on the death certificate it will read "medically assisted death".

The first step is to submit a written "Patient Request Record", with the help of your local health authority. They will help you coordinate the next steps, including planning your assessments. Assessments are meetings between the assessor/provider (a nurse practitioner or physician) and you to determine your eligibility for an assisted death. You don't need to do anything in the assessment process besides be honest and open about your illness. These meetings can

take place wherever you are, including your home, acute care, residential care or over video chat.

It can take a few days to begin assessment meetings, so begin your patient request record earlier than later if you plan to make a request for an assisted death. Soon, people with reasonably foreseeable death will also be permitted to make an advance directive so that if your mental status declines on the day of your planned death, it may continue without your final consent.

There are two methods of an assisted death in Canada; the oral method and the intravenous method. The oral method is best for people prefer to be the ones to provide the assisted death for themselves. The provider and support nurse will prescribe you three medications. If someone is having difficulty swallowing, an occupational therapist can assist them using a special tool. The medications will make you feel calm, reduce any nausea or painful symptoms, and help you peacefully fall asleep in about thirty minutes to an hour. After you have fallen asleep, your heart will slowly begin to stop. At no point will you feel any pain or distress. In the Intravenous (IV) method, three medications will also be used; a sedative, coma-inducing agent and muscle relaxant, administered through an IV in your arm. These are the same medications used in surgery during general anaesthesia, but at higher doses. At no time will you feel any distress or pain.

At any point in the assessment period, you may withdraw your request for an assisted death. At any point, even after final consent has been given, you have the right to change

your mind or reschedule the assisted death with no consequences.

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



Reflection: What's important to you in a healthcare facility? What makes you feel safe and cared for?

## Emotional Support

Pastoral care refers to discussions had between two people, a person who seeks healing or comfort, and a person trained to provide support. Originally a Christian practice, it has evolved to suit more modern times through the growth of non-religious pastoral support, particularly in the UK. There is significant evidence that non-religious people want to receive pastoral support when they are aware of the option, but many would rather receive none than a religious chaplain. Perhaps you or someone you know are

concerned about being at end of life and feeling abandoned by support due to non-religious values. A religious person cannot fully understand what it feels like to operate life on the basis of no reward or punishment after death. For some humanists, their non-religious values of science and promotion of human flourishing is more important than the absence of religious beliefs. This positive perception is held by non-religious pastoral carers and seeks to discuss the 'big questions' of identity and purpose and reflect on one's life through compassionate listening. Humanism stands for making decisions out of concern for other living beings, based largely in empathy. It is non-religious pastoral carers who transform this value into practice.

An end-of-life Doula is a support that may be available within your community. End-of-life doulas empower, educate and encourage people and their families to be involved in making decisions. The word "doula" is Greek for servant or helper. Like a birth doula supports women during the labour process, a death doula supports a person during the dying process. This support is specific to that person's needs, beliefs, and desires. Death is a process that can span over months or even years rather than an event and doulas can help with supporting and planning for the future, regardless of diagnosis or illness. Having a conversation or making a plan when you are healthy, is encouraged by doulas so that the care received at the end of life is appropriate and aligned with the dying person's wishes. Most doulas serve people of all religions but asking them about their experience of working with people who share your values is a good idea. Most doula services are not free, but they can be immensely helpful and invaluable

during difficult times, and provide compassionate, ongoing support before, during and after death. Please find access to a list of doulas at the end of this guide.

Most long-term care homes and hospice groups also employ social workers, clinical counsellors, hospice volunteers, physiotherapists, music and art therapists to provide support as well. All government-run institutions provide translators upon request and are recommended rather than using family or friends to translate. These supporters may be able to visit your home if the person plans to die there. They can be very helpful, but often do not provide the same level of individualized support that the previously discussed supporters do. For many people, this is their first line of contact when seeking end-of-life emotional support, and they may be able to refer you to other supports that suit your needs within your area.

For advocates and loved ones of a dying person, a prolonged period of illness and death can mean burnout and exhaustion, and many complicated emotions of anticipatory grief. Finding strategies to manage this through self-compassion is essential and helps ensure your loved one fully experiences your love during their last days.

## Who Gives Support?

Clinical Counsellor

Music & Art Therapists

Nurse

Physician

Medical Social Worker

Non-Religious Pastoral Carer

Humanist Chaplain

Hospice Volunteer

End of Life Doula



Professional Healthcare &  
Emotional Support Providers

Family &  
Friends

You or  
Your Loved One

## Creating a Space of Comfort and Love

Creating a space that the dying person feels comfortable and loved within is an important goal at end-of-life. Most people want to be surrounded by loved ones at the end of their life and should not be left alone unless asked to be. When creating the space, within the home or a medical institution, it can be helpful to consider engaging the five senses, within the confines of the space or capacities of the person. Pictures can be especially helpful to encourage sharing during life reflection.

Many people find comfort in objects and rituals that are associated with supernatural, alternative medicine or religious beliefs, even if they do not share those beliefs. This is completely okay. Know that finding comfort or joy in these practices or items is separate to the views other people have of them. For example, if the person enjoys crystals, Tibetan singing bowls, essential oils, or religious hymns that bring back fond memories of childhood, include these in the space. This space is completely about and centred upon the dying person, whose connection to the objects within it is what matters. Inviting these objects into the space is not a concession to religion or invalidating one's humanist experience. Far from it - such objects and rituals can affirm and reconcile.

## Legacy Projects

Being able to reflect on one's life is an important component when many people define a 'good death'. The imprints we made on the lives of other beings, and the world around us make up our legacy, which can be explored through storytelling. Having these discussions is not just healing for the individual, but also for their family and friends, who, after their death, will find comfort and solace during their grief in remembering the person's life.

In one study (Allen 2008) published in the *Journal of Palliative Medicine*, caregivers and patients who participated in a legacy project (scrapbook or audio recordings) experienced lower stress levels and reported better family communication compared to a control group who participated in three telephone counselling sessions.

A family member, friend, hospice volunteer, end-of-life doula, social worker, non-religious pastoral supporter or counsellor can help organize the legacy project. There are many types of legacy projects, and creativity in this area is welcome to find something that suits the family and the individual. A legacy scroll involves adding quotes, memories, beliefs, photographs to a long piece of paper that can be rolled and displayed after death. You can also choose to add a handprint in paint or the thumbprints of all your family and friends. A quilt of fabric that represents you in some ways, like a special blanket, baby clothes, wedding dress, sports jerseys or tourist t-shirts can serve to represent what was meaningful in your life. Audio and

video recordings can be powerful ways of remembering. A video about your life, or individual messages to all your loved ones can bring so much comfort while grieving. In the resources section, there is a longer list of legacy projects.

Audio and video legacy projects are a simple way of passing down shared stories, or an interview of a loved one. They can be especially helpful for sharing family histories, or for people who belong to cultures of oral history. Handmade legacy projects may include scrapbooks, letters, a cookbook, message cards or postcards. Artistic legacy projects can become family treasures, such as a memory box, windchime, portrait, painted rocks, sculpture, bracelet or music box.



Reflection: What does a legacy mean to you? What do you want your loved ones and community to remember about you?

## Death in COVID-19

The COVID-19 pandemic has shifted the way we plan for, experience and grieve a loved one's death. Due to meeting limitations, advance care planning workshops may be cancelled, or held online which may be inaccessible to seniors. Due to travel and visiting restrictions, some family and friends may not be able to gather to say goodbye to a loved one before their death, participate directly in a handmade legacy project or attend a funeral or memorial. We have seen across the world how devastating this can be, and the challenges it poses to ensuring 'a good death'. However, there are options to remain connected, give and receive love and support.

To keep in touch during the dying process, audio and video messages, letters, cards and mementos can be sent. Video chats on zoom or facetime are also available, but using a hospital tray with a stand, or having someone else hold the device is best. The person can also instruct devices like Amazon Echo, Alexa or Google Home to call a loved one without the assistance of a helper. If internet is not available or reliable, data packages or 'internet sticks' can be purchased with all major telephone providers.

Memorializing someone from a distance is also possible. This is particularly true for non-religious people and humanists who do not hold any specific religious traditions or rites that must be completed. Memorials, burial, funerals or other services can be livestreamed on YouTube, Facebook or Instagram, or held at a later date when loved

ones can gather. If a piece of the person feels significant to a loved one, they can cast their fingerprint in air dry clay for each person or save a lock of hair. A virtual home-cooked meal or take out from a restaurant they loved can be especially meaningful.



Reflection: How has COVID affected your relationship with your family and friends who are seniors? If they were ill and you couldn't visit them, how could you connect?

## Resources

The opinions expressed in these resources are those of the authors and do not necessarily reflect the views of the British Columbia Humanist Association.

BCHA is not being paid to promote any of the products or services listed here. BCHA does not use affiliate links and does not make a commission on any links.

Many of these resources overlap between sections but are only listed once for brevity.

## The Humanist Perspective of Death

<i>The Little Book of Humanism</i> Andrew Copson and Alice Roberts	“Universal lessons on finding purpose, meaning and joy”. A collection of poems and passages, including a section on death & grief.
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<i>End of life: the humanist view.</i> Julian Baggini, Madeleine Pym. The Lancet (2005)	This journal article describes the humanist view of death, it's meaning and impact on how we live life, and the importance of respecting our values; offers many recommended readings. Open-access with free Lancet log-in.
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<i>Death, Dying and Meaning: Trainer's Course Book</i> British Humanist Association (2012)	A broad philosophical, existential guide to discussing death by and for humanists.
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*The Good Place*  
S4:E12 & S4:E13  
TV Series

What's wrong with the idea of 'a  
good place'? (Consulted on &  
featuring moral philosophers Todd  
May and Pamela Hieronymi)

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## Advance Care Planning

<i>Speak Up Canada</i>	A centralized list of advance care planning resources in B.C. Also includes interactive online workbook to complete a comprehensive advance care plan.
<i>Go Wish</i>	A simple, positive card game to consider your wishes in the event you require medical care and are no longer able to speak for yourself.
<i>BC Advance Care Planning Guide</i>	Access to the provincial advance care planning guide, and ACP resources for each health authority in BC. Educational programs, support and options may vary by location so start within your authority. Available in multiple languages.
<i>Organ Donor Registry BC Transplant</i>	Register or verify your status as an organ donor and learn more.
<i>UBC Body Donation Program</i>	How to set plans to donate your body to anatomical study and medical research.
<i>Body donors provide service that carries on long after death Vancouver Sun (2015)</i>	Medical professionals and medical students discuss the value of body donors, and the respect they demonstrate for their donors.
<i>A Humanist perspective on organ donation</i>	An explanation of humanist values, and support for organ donation.

## NHS Blood and Transplant

*Humanists UK celebrates Organ Donation Week and new organ donation laws*  
Humanists UK

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A description of the new humanist-supported laws on default organ donation in the UK and its importance.

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## Healthcare

*Canadian Virtual Hospice*

A diverse resource from initial diagnosis of an advanced illness, to emotional support, to preparing for death. Opportunities to ask palliative care professionals your questions. Please see the “Healthcare” section for a full description.

We submitted a question about access to spiritual support for non-religious people in their “Ask a Professional” section. You can see their response at [tinyurl.com/BCHAGuide](https://tinyurl.com/BCHAGuide)

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*Hospice Palliative Care*  
Healthlink BC

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

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*How to Arrange for Care*  
Healthlink BC

Deciding if home-based end-of-life care is right for you, and how to access it.

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*Palliative Journey Resource Guide*  
Northern Health

A great introduction to available palliative care services and end-of-life stages, including immediately following death.

(This guide does not discuss MAiD due to publishing prior to well-established guidelines.)

<i>Make a Complaint</i> BC Patient Care Quality Office	Instructions on making a complaint about healthcare service in your region.
<i>End Game</i> Netflix Original Movie	A real-life discussion of end of life, and death as a taboo by terminally ill people and palliative care doctors.
<i>Extremis</i> Netflix Original Movie	
<i>Medical assistance in dying: A response to the recent report</i> MS Society of Canada	The Multiple Sclerosis Society of Canada supports access to medical assistance in dying for people with terminal and non-terminal illnesses.
<i>Don't stop with Delta hospice</i> BC Humanist Association	BC Humanist Association urges the defunding of hospices receiving public funding who refuse MAiD services

## Emotional Support

Note: Most emotional support for people at the end of life is delivered through hospices, or with referrals from doctors. Information on emotional support in grief and loss is available in our second guide, “Grief & Bereavement: A Guide for Humanists and Non-Religious People in BC”

<i>Non-religious pastoral care: a practical guide</i>	An in-depth discussion of non-religious pastoral care. Including beliefs and values, best practices,
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David Savage death, rituals and memorials.  
Available through many libraries,  
and all institutions with access to  
Taylor & Francis E-books.

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Review: *Non-religious pastoral care: a practical guide*  
Steve Nolan A helpful “summary” of “Non-religious pastoral care: a practical guide”. Available on our online folder, distribution permission granted.

Practical Theology  
12:1 97-99

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*NHS appoints humanist to lead chaplaincy team*  
The Guardian

## Creating a Space of Comfort & Love

End of Life Doula Association of Canada Empowering, Education and Advocating for dignified end of life care. “Helping People Live”

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*Honoring Life by Creating a 'Sacred Space' for Its Final Days* A hospice director gives advice on creating a space for someone’s final days.

Huffington Post

## Legacy Projects

*Legacy Activities as Interventions Approaching the End of Life* Research article on the benefits of legacy projects on caregiver stress and family communication. Offer patient and caregiver questions,

Allen et al.

Journal of Palliative Medicine (2008) and tips to decide on a legacy project. One limitation is the absence of non-religious people in the study due to small sample size.

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*Legacy Idea Book: Audio and Visual Projects that Celebrate Life*  
Rainbow Hospice and Palliative Care (2019)

Describes the benefits of creating a legacy project, offers a collection of ideas for legacy projects and samples. Fantastic resource for doing a life interview.

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## Death in COVID-19

*Humanist National Memorial Ceremony for the victims of the coronavirus*  
Humanists UK

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

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*Death, Grief and Funerals in the COVID Age*  
The Virtual Funeral Collective

A “one-stop shop” to navigate COVID-19 death, grief and end-of-life planning. Updated regularly.

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*COVID-19 Toolkit*  
The Order of Good Death

A helpful guide similar to that above. Written by The Virtual Funeral Collective, a group of healthcare providers and people in death care. Updated frequently.

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*How to Host an Online Memorial for a Loved one Lost during COVID-19*

A step by step guide to online funerals, including platforms to use, how to use them and much more.

Katie Rae

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This guide was written by Sophie Burk, and peer reviewed by Elaine Macdonald and Jennifer Mallmes. With special thanks to Antonio Kim for making the audiobook version of this guide possible.

We hope that this guide has been helpful for you, and we would love to hear your feedback. Please send your comments to [info@bchumanist.ca](mailto:info@bchumanist.ca)

This guide was made possible by the generous contributions of BC Humanist Association members and donors. Thank you.

To become a member of the BCHA, please visit our website at [bchumanist.ca](http://bchumanist.ca)

