

Preparing for Death and Dying

About this guide

This pamphlet is for anyone living with a serious illness and anyone supporting someone living with a serious illness. Preparing for death can bring up many feelings, thoughts, and questions. Take your time reading this pamphlet and try to be gentle with yourself as you do so.

The table of contents on the next page can help you get started and find your way to the sections that are most important to you now.

You may want to write down:

- › Questions you want to ask your health care team, lawyer, or chosen family and friends
- › Decisions you need to make
- › Things you need to do

Remember, your health care team is here to help you find your way in this difficult time.

This pamphlet was originally developed with Nova Scotia Health Cancer Care Program and several other partners, including patients, family members, and health professionals.

In this pamphlet, the word “caregiver” is used to refer to family members who may be biological or chosen by the person who is dying. A caregiver may also be a friend or a neighbour who cares for or helps in any way. Not all caregivers are caring for or helping their own dying family member.

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Preparing for Death and Dying

- Considering the loss of your life and its effect on other people can be overwhelming. Take your time as you work through this pamphlet, being gentle with yourself and taking breaks as needed.
- It is natural to grieve the anticipated (expected) loss of your life and for other people in your life to grieve as well.

Including others in your care and support

- Your chosen family and friends are the people in your life who can support you and help you prepare for death.
- Family can mean different things to different people. We use the word “chosen”, since for many people, family also includes people not related to them by blood.
- Other supports could include a faith leader, a spiritual care provider or chaplain, a lawyer, and health care team members.

Interpreter services

- Language interpreters are available, if needed. Your health care team can arrange for help with most languages, including sign language (ASL).
- While others may be able to translate for you, this may be stressful for them. They may also not be familiar with the medical terms used by your health care team. Professional interpreters are familiar with medical terms and are comfortable working within health care settings.
- Please tell a member of your health care team if you would like an interpreter.

What is palliative care?

- Palliative care is an approach to care that enhances the quality of life for a person living with a serious illness by preventing and relieving suffering. It also provides support to a person’s chosen family and caregivers.
- Regardless of the person’s age or the stage of illness, this approach helps everyone cope throughout the illness. It is important to know that palliative care does not hurry or delay death.

What is advance care planning?

- Advance care planning involves reflecting on your values and wishes. It tells your Substitute Decision Maker (SDM) and chosen family what kind of health and personal care you would want in the future if you were not able to speak for yourself.
- Advance care planning is a process you can use to:
 - › Think about what is important for your health care choices
 - › Find out about related medical information
 - › Share your wishes and values with your SDM, chosen family and friends, and health care team
 - › Choose and document your health care choices and decisions

For more information:

- Talk to your health care team, or visit:
 - › www.advancecareplanning.ca/
- You may also request a workbook for advance care planning called *Speak Up Nova Scotia*.
- **Nova Scotia Hospice Palliative Care Association**
 - › Phone: 1-782-321-7181
- *Advance Care Planning Workbook: Nova Scotia Edition*
 - › <https://bit.ly/ACPworkbook>
- *Advance Care Planning: Making Your Personal and Medical Wishes Known*
 - › www.nshealth.ca/patient-education-resources/1942

What are goals of care?

- Your goals of care reflect your priorities, what you consider most important, and how you wish to be cared for. These goals are shaped by your personal values, beliefs, and what quality of life means to you.
- Talking with your health care team about your goals of care helps make sure your wishes are understood and will be followed. Clear goals of care provide direction throughout the illness.
- Having a support plan will help everyone do their best to respect your wishes. Together, you can talk about care that is available now and when the time of death is close.

- Tell your chosen family and friends the things you want to say. It is common for people living with a serious illness to find it hard to talk about these things. If you need help talking to your chosen family and friends about your goals of care, your health care team can help.

What are levels of intervention?

- Levels of intervention are the kinds of medical procedures available to meet your goals of care. After you talk with your health care team about your goals of care, they will help you determine a level of intervention. Choosing a level of intervention makes sure your wishes and values will be respected.
- Together with your health care team, the Nova Scotia Health *Patient-Centered Priorities and Goals of Care (GOC)* form will need to be filled out. This form is used to keep track of your goals of care and your chosen level of intervention.
- Having these conversations helps to make sure that your health care team understands your values and supports your health and quality of life.

For more information:

- Ask for the pamphlet *Talking About Your Goals of Care and Choosing a Level of Intervention*, or visit:
 - › www.nshealth.ca/patient-education-resources/2208

Where is care provided?

- It is important to talk with your chosen family and friends, and your health care team, about where you wish to receive care. This will help them to make sure the right supports and plans are in place.
 - › For example, you will need to have plans in place with your funeral home to move your body if you choose to die at home. If you do not have a plan for what will happen when you die, the police or an ambulance may need to be called.
- If you change your mind about where you want to receive care, you must tell your health care team so they can put the right plans in place.
 - › For example, if you are in a hospital and would like to return home or go to a hospice, talk with your health care team about what supports and plans are needed.

Cultural, spiritual, and religious considerations

Many people have values and beliefs about:

- › Dying and death
 - › Talking about dying and death
 - › What causes illness, including how pain is experienced and expressed
 - › The meaning of human life and the afterlife
 - › How a person's body should be treated leading up to death and afterward
 - › Rituals, funeral practices, and rites
- Your beliefs and values are important. When talking with your health care team about your goals of care, consider your cultural, spiritual, and/or religious traditions.
 - Your health care team members want to make sure your culture and traditions are respected. Tell them about any rituals, practices, or rites about dying and death that are important to you and your chosen family and friends.

What is a personal directive?

- A personal directive (PD) lets you:
 - › Name a person you trust (called a **delegate**) to make health and personal care decisions for you. Your delegate can be a member of your chosen family or a friend.
 - › Write down the decisions that you wish to be made for you.
- A PD includes decisions about:
 - › Health care, nutrition (eating), and hydration (drinking)
 - › Where you would like to live and die
 - › Comfort measures (ways to keep you comfortable) and support services
- Your PD must be written, dated, signed by you, and witnessed by an adult (19 years old or older). You **do not** need a lawyer to write a PD.
- It is important for your chosen family and health care team to know that you have prepared a PD and where they can find it when it is needed.
- A PD does not include financial (money) decisions. To name a person to make financial decisions, you will need to set up an Enduring Power of Attorney document (see page 6).

For more information about PDs, including instructions, visit:

- Personal Directives in Nova Scotia
 - › <https://novascotia.ca/just/pda/>
- *Advance Care Planning: Making Your Personal and Medical Wishes Known*
 - › www.nshealth.ca/patient-education-resources/1942

What is a will?

- A will is the only way you can be sure that you, not a court of law, make decisions about your estate (your belongings, like a house, land, and personal objects). Making a will and organizing your finances will help your chosen family.
- A will also names the person who will look after your estate. This person is called your **executor**. If you already have a will, make sure it is up to date. Keep your will in a secure place and make sure your executor knows where it is.

For more information about wills, talk with a lawyer.

- **Public Legal Education Society**
 - › Phone (toll-free): 1-800-665- 9779
 - › www.legalinfo.org/
- **Caregivers Nova Scotia – Legal Resources**
 - › <https://caregiversns.org/resources/legal-resources/>

What is power of attorney?

- It is important to ask someone to act for you in case you are no longer able to talk or make decisions about your property and finances while you are receiving care.
- A power of attorney is a legal document that lets you give someone you trust the power to look after your finances and property for you.
- This could include financial and legal decisions, like:
 - › Managing your land, house, bank accounts, investments, vehicles, and anything else you own
 - › Paying your bills, filing your tax returns, and cashing cheques
 - › Making other legal or financial decisions on your behalf

- You can name 1 or more people as your power of attorney. A power of attorney is for financial and property matters only. It is not for personal care decisions.
- Giving someone power of attorney **does not stop you from making your own decisions**, as long as you are able to do so (capacity).
- If you lose capacity, an **enduring power of attorney** has the power to manage your finances and property on your behalf.

For more information:

- **Legal Information Society of Nova Scotia**
 - › www.legalinfo.org/wills-and-estates-law/power-of-attorney

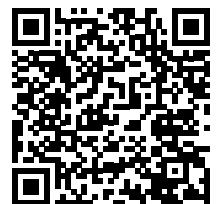
Emergency Health Services (EHS) Special Patient Program (SPP)

- The SPP was developed to maintain quality of life for people with rare conditions or unique care needs, and those who are receiving palliative care.
- Paramedics have been trained to provide care and support for palliative care needs.
- Registering with the program makes sure that paramedics know about your specific needs. Talk with a health care provider to apply for the SPP. They will send the SPP request to EHS.

For more information:

Talk with your health care team, or visit:

- **Paramedics Providing Palliative Care at Home**
 - › <https://novascotia.ca/dhw/ehs/palliative-care.asp>
- *Special Patient Program: Information for patients receiving palliative care*
 - › https://novascotia.ca/dhw/palliativecare/documents/SPP_Palliative_Care.PDF



What is grief?

- Grief can happen when someone is facing their own death, has a life-changing event, or experiences the loss of something or someone important to them. Grief can be one of the messiest and most painful experiences we have as human beings. There are supports and strategies below that can help you cope. Remember:
 - › Loss of any kind can be grieved.
 - › Grief is personal, universal, and natural.
 - › There is no “wrong” way to grieve.
 - › Grief doesn’t just “stop”, but it may change over time.
 - › Letting yourself experience grief can honour your loss.
 - › Cultural traditions and beliefs can play an important role in grieving.
- **Grief can affect:** Physical, emotional, mental, social, cultural, spiritual, and financial wellbeing.
- **Grief can cause:** Trouble sleeping (more or less than usual), trouble focusing, upset stomach (belly), chest pain, trouble breathing, dry mouth, tightness in the throat, lack of energy, aches and pains including headaches, anxiety, worry, and depression.
- **Grief can feel like:** Sadness, shame, worthlessness, guilt, anxiety, relief, hope, joy, loneliness, anger, fear, numbness and shock. You may feel a mix of emotions at the same time or none at all. You can also feel more than one emotion at the same time.
- **Grief can bring about:** Questioning your place in the world, intrusive thoughts, loss of routine, difficulty thinking things through, and other complex thoughts and emotions.

Remember, there is no right or wrong way to grieve. It is not a physical or mental illness to experience grief. When a person experiences loss, it is common to grieve.

Anticipating loss and death

- Anticipatory grief is grief that happens before a loss that you know is coming, but has not happened yet. This type of grief is common for a person living with a serious illness and the people in their life.
- This grief may last for a short time, or for many years. It can feel like you are grieving a death, even though it has not happened yet. Grieving the loss of your future with the people in your life is hard to cope with and can be exhausting.
- Advance care planning can lower your fear and anxiety by helping you to decide about things that are in your control, like your goals of care, financial decisions, and who will make decisions on your behalf throughout your illness.
- While you may not be able to change your illness, you can choose how you respond to it.

What can help with grief?

- It may help to make a grief care plan for yourself and your chosen family and friends. If you are feeling overwhelmed and are not sure how to cope with your grief, it may help to write down a plan.
- Think about other losses you have experienced and ask yourself:
 - › Did someone say or do something that you found helpful? What was it?
 - › Did someone say or do something that you found did not help? What was it?
 - › Is there anyone you would like to reach out to?
 - › What do you need?
 - › What helps to improve your mood when you feel down?
 - › What are your favourite distractions?
 - › What helps you feel safe and mindful?
- The answers to these questions can help your chosen family and your health care team support you.
- You may wish to talk with someone about your grief, like:
 - › A trusted member of your health care team
 - › A chosen family member or friend
 - › A leader from a faith community
 - › A hospital chaplain

This can help to lower the loneliness caused by grief.

Grief supports

- › <http://nshealth.ca> (search “grief”)
- › <http://ns.211.ca> (search “grief groups”)
- **Canadian Virtual Hospice**
 - › <https://mygrief.ca/>
 - › <https://kidsgrief.ca/>
- **Nova Scotia Hospice Palliative Care Association**
 - › <https://nshpca.ca/>

Spiritual care

- Chaplains give emotional and spiritual support to people, and their chosen friends and family, regardless of their ethnic or religious background, as well as people who do not identify with a religious practice.
- If you would like to meet with a chaplain, ask a member of your health care team.
- You may wish to think about these questions:
 - › Would you like to have any rituals done before or after you die?
 - › Would you like to have certain objects with you or near you before or after you die?
 - › Would you like to see or talk with certain family members, friends, or spiritual care providers?
 - › Would you prefer that certain people not visit you, now or near your death?
 - › Would you like to have a spiritual care provider at your bedside when you die?

Write down your wishes and talk about them with your chosen family and friends.

Planning a funeral or a memorial

- Funerals and memorials can honour a person's life. They can also help a person's chosen family and friends express their grief and find meaning and purpose in their lives, even in the face of loss.
- A funeral usually takes place with the deceased (dead) person's body or ashes present. It is usually held within days of the person's death.
- A memorial service is a ceremony that takes place without the deceased person's body. It may take place weeks or months after the person's death.
- Funerals and memorials can:
 - › Bring people together to share their experiences and support one another
 - › Help a person's chosen family and friends acknowledge the reality that someone important in their lives has died
 - › Let people say goodbye to the person who has died
- It may help to make funeral or memorial plans with your chosen family and friends. It can help to attach a copy of these plans to your will.
- Each funeral home will have different fees and services. Staff from the funeral home will meet with you to help plan, explain fees, and help you with paperwork.
- You may wish to write down or talk with your chosen family and friends about your personal or family history. This can help them get ready for an event to commemorate (honour) your life, like a memorial or a funeral.
- You may wish to ask yourself:
 - › Do I want an obituary?
 - › Do I want a visitation?
 - › Do I want a memorial or a funeral?
 - › What type of memorial or funeral do I want?
 - › Where would I like the memorial or funeral to be held?
 - › Who would I like to lead the memorial or funeral?
 - › Would I like certain people to read, sing, or play an instrument?
 - › Is there a special reading, prayer, or piece of music I would like?
 - › Do I want the funeral home to webcast the memorial or funeral so that people who are not able to attend in person can watch online?
 - › Do I want a burial or cremation?
- If you want to be cremated:
 - › Do I want my ashes buried, scattered, or kept in a special place?

Casket burial

- Placing a body in a casket for below ground burial is common. A casket can also be placed above ground in a building (called a **mausoleum**).
- Cemetery costs vary. It is important to ask about the cost of any option you are considering. Ask for a written statement listing all costs before you pay.

Cremation burial

- A funeral home or a crematorium can help you plan for cremation (burning your body to ashes).
- You can use any kind of container (like an urn) to hold your ashes. You may wish to choose:
 - › A container with a special quality or meaning
 - › A large container, so that another person's ashes may be placed in it in the future
- You can choose to have your ashes buried. One (1) burial plot can hold 3 containers.
- Your chosen friends and family may choose to keep the container in their home, or share your ashes among your chosen family.
- There are no legal restrictions about scattering ashes in a body of water or in the wild, but scattering ashes on land must follow property laws. Check your municipal (city or town) bylaws.

For more information, visit:

Pre-arranged funeral plans: guide for consumers - Government of Nova Scotia

- › <https://beta.novascotia.ca/documents/pre-arranged-funeral-plans-guide-consumers>



Funeral expenses: your rights - Government of Nova Scotia

- › <https://beta.novascotia.ca/funeral-expenses-your-rights>

Funeral pre-planning - Legal Information Society of Nova Scotia

- › www.legalinfo.org/wills-and-estates-law/funeral-plan

Tissue, body, and brain donation

- Donating your tissue, body, or brain is a way to leave a legacy. As of January 18th, 2021, Nova Scotia's new organ and tissue donation law makes it possible for more Nova Scotians to donate their organs and tissues.

Presumed consent

- A main part of this legislation (law) is presumed consent to donation. This means that any person who has not registered a donation decision on their provincial health card (MSI card) and is eligible to donate, will be considered as having agreed to be a donor after death. **This decision can be changed at any time.**
- The legislation respects each person's ability and willingness to take part in this program. It is recommended that all Nova Scotians:
 1. Learn more about organ and tissue donation.
 - › Legacy of Life – Nova Scotia Health
 - › www.nshealth.ca/clinics-programs-and-services/legacy-life
 2. Talk with their chosen family and friends, and make sure that they are aware of and will support their decision.
 3. Register their decision by calling MSI at (toll-free) 1-800-563-8880 or visiting:
 - › <https://novascotia.ca/organ-and-tissue-donation-changes/>
- **Because your SDM or chosen family must also give consent at the time of your death, be sure to make your wishes known to them now.** Your chosen families will still have a final say at your bedside after your death.
- Some Nova Scotians are not eligible for presumed consent. For example, people who do not have capacity or who have lived in Nova Scotia for less than 12 months. For people who do not have capacity, a donation decision by a delegate or an SDM must be registered on the person's provincial health card.
- It is very unlikely that people receiving palliative care would be eligible for organ donation, but tissue donation may be possible for some people (see page 14). To be an organ donor, a person must be in an Intensive Care Unit (ICU) and on a breathing machine (ventilator).
- You can make things easier for your chosen family by talking about tissue, body, and brain donation now. When your chosen family knows and respects your wish to be a donor, they will feel more comfortable carrying out your wishes. Many people find comfort in knowing the person's final wishes were honoured. They may also take comfort in knowing that your donation may help others.

- Each year, donation programs host a Gift of Life ceremony to honour donors. The donation program invites families of donors to the Gift of Life ceremony.

For more information, visit:

- › www.nshealth.ca/clinics-programs-and-services/legacy-life

To register your decision with MSI:

- › Phone (toll-free): 1-800-563-8880
- › <https://novascotia.ca/organ-and-tissue-donation-changes/>

Tissue donation

- People receiving palliative care may be eligible to donate tissue. Many tissues can be donated, including corneas, skin, sclera, bones, tendons and ligaments, and heart valves.
- Adults under the age of 71 may be possible tissue donors. Screening of tissue donors happens just after death, because there are some conditions that prevent donation.
- Open casket funerals are possible after tissue donation. All efforts are made so that there are no visible signs that the person was a donor.

Cornea donation

- The cornea is the clear, round “window” of tissue that lets light enter the front of the eye. It looks like a contact lens.
- Many people receiving palliative care are able to donate their corneas, and everyone under the age of 71 is a possible donor. Many people take comfort in knowing that they are giving the gift of sight.
- If you are in a long-term care home, a hospice, or a hospital, make sure the staff knows that you want to donate your tissue or corneas. They will help your chosen family make the proper arrangements.

The following guidelines can help chosen families with donation in the case of a home death:

- Corneas may be accepted up to 24 hours after death.
- After you have taken time to say goodbye, call locating at the QE II Health Sciences Centre: 902-473-2220. Ask for an on-call tissue bank specialist.
 - › Tell the tissue bank specialist the time of death.
 - › The tissue bank specialist will arrange for transport of the person for cornea recovery. They will tell you when to expect the transport services.
 - › After cornea recovery, the tissue bank specialist will arrange for the person to be brought to the funeral home of your choice.
- Tell the funeral home that the person wishes to be a tissue donor. They can call the tissue bank specialist if they have any questions.

For more information about tissue donation, including cornea donation:

- **Regional Tissue Bank**
 - › Phone (toll-free): 1-800-314-6515
- *Make the Decision, Share Your Life: Cornea Donation*
 - › www.nshealth.ca/patient-education-resources/1150

Brain donation

- The Maritime Brain Tissue Bank is a program of the Dalhousie University Faculty of Medicine. The program collects brain tissues for dementia research.
- There is no age restriction to donate to the Maritime Brain Tissue Bank.
- Brain donors must have an autopsy done after death. An autopsy is a medical procedure and takes place at the hospital to find out why a person died.

To donate to the Maritime Brain Tissue Bank:

- › Before or after the person's death, their delegate must ask the doctor or nurse practitioner for an autopsy and sign the Consent for Autopsy form.
- › The delegate must add a note on the Consent for Autopsy form indicating they wish to donate to the Maritime Brain Tissue Bank.
- › The signed consent form is placed in the person's chart.

For more information:

- **Maritime Brain Tissue Bank**
 - › Phone: 902-494-4130
 - › www.mbtb.ca

Body donation

- This form of donation, operated under the Dalhousie University Human Body Donation Program, helps health profession students build the knowledge they need for their future careers. The program also supports research.
- Start by talking with your chosen family. It is important that they support your decision.
- There is no maximum age restriction for donating your body to medical science. All donors must be 16 years of age or older.
- You and your chosen family will need to fill out a Donation Form and a Cremation Form:
 - › <https://medicine.dal.ca/departments/department-sites/medical-neuroscience/about/donation-program/forms.html>
- **Important:** Some donations are not accepted. A decision will be made at the time of death. You should arrange for burial or cremation ahead of time, in case your donation is not accepted.



For more information:

- › Phone: 902-494-6850
- › <https://medicine.dal.ca/bodydonation>

Resources

811

- You can call 811 to talk with a registered nurse 24 hours a day, 7 days a week in more than 120 languages.
 - › Phone: 811 or (toll-free) 1-866-770-7763
 - › Phone (TTY): 711
 - › <https://811.novascotia.ca>

Palliative Care Drug Program

- If you are receiving end-of-life care at home, this Nova Scotia Pharmacare Program may be able to help you pay for medications to manage your symptoms.
- To access this program, you must:
 - › Be a resident of Nova Scotia
 - › Have a valid Nova Scotia health (MSI) card
 - › Be assessed by a health care provider
 - › Be receiving end-of-life care at home

Once you are approved for the program, your health care provider will send a form to Nova Scotia Pharmacare. Your local pharmacy will then bill the Department of Health and Wellness for your medications.

- Talk to your health care team about this program or visit:
 - › <https://novascotia.ca/dhw/pharmacare/palliative-drug-program.asp>

Caregivers Nova Scotia

- Caregivers Nova Scotia provides free programs, services, information, and advocacy for family and friend caregivers. They are dedicated to providing recognition and practical assistance to friends and family giving care.
 - › <http://caregiversns.org/>
 - › Phone (toll-free): 1-877-488-7390
 - › Email: info@caregiversns.org

Home Care

- Continuing Care Home Care is offered through Nova Scotia Health. It is available to all Nova Scotians who need help with care in their homes and communities.
 - › Phone (toll-free): 1-800-225-7225
 - › <https://novascotia.ca/dhw/ccs/home-care.asp>
- There are also private companies across Nova Scotia that offer home care services. Fees vary. Ask your health care team about home care services in your community.

Hospice residence

- Hospice care is a part of palliative care. A hospice residence provides a home-like setting for people who:
 - › Are nearing the end of life
 - › Have more care needs than can be provided at home, but do not need care in a hospital

To learn more, visit:

- › www.nshealth.ca/clinics-programs-and-services/hospice

Hospice societies

- Hospice societies are non-profit groups that support people near the end of life, and their chosen family and friends, in many ways.
 - › For example, they may have volunteers who can support you in the hospital, at home, or by phone. They can help you find the supports that are right for you.
- Ask your health care team for more information about your local hospice society.

Equipment

- If you are being cared for at home, you may need medical equipment to help you feel comfortable (like a higher toilet seat, a bath chair, a hospital bed). Ask your health care team what equipment may help, and where to get it.

Community Bed Loan Program

- This program offers hospital-style beds for people to use in their homes. There are no time limits for using a bed, but there may be a wait to get one. To be eligible, you must:
 - › Be a resident of Nova Scotia
 - › Have a valid Nova Scotia health (MSI) card
 - › Be assessed by a Care Coordinator
 - › Agree to be responsible for the bed while it is in your home
- For more information, or to apply for a bed, contact Continuing Care:
 - › Phone (toll-free): 1-800-225-7225
 - › <https://novascotia.ca/dhw/ccs/need-help.asp>

Community resources

Nova Scotia 211

Nova Scotia 211 helps people access community and social services. Resource Navigators are available 24 hours a day, 7 days a week.

- Phone: 211
- Phone (toll-free): 1-855-466-4994
- Text: 211
 - › Only available 9 a.m. to 4 p.m., Monday to Friday
- Email: help@ns.211.ca
- Live chat: <https://ns.211.ca/contact-us/>
 - › Only available 9 a.m. to 4 p.m., Monday to Friday

Health charities and non-profit organizations

- Many health charities and non-profit organizations offer financial, practical, or emotional support services for people with certain illnesses. Examples include:
 - › AIDS Coalition of Nova Scotia
 - › ALS Society of New Brunswick and Nova Scotia
 - › Alzheimer Society of Nova Scotia
 - › Canadian Cancer Society
 - › Diabetes Canada
 - › Huntington Society of Canada

Finances

- If you are concerned about finances, ask your health care team about supports that may be available.

Caregiver Benefit – Continuing Care

This program gives \$400 a month to caregivers of low-income adults who have a high level of disability or impairment. To qualify, both the caregiver and the person receiving care must have a home care assessment.

- › Phone (toll-free): 1-800-225-7225
- › <http://novascotia.ca/dhw/ccs/caregiver-benefit.asp>

EI Compassionate Care Benefits

- This program provides 55% of your earnings (up to a maximum of \$668 a week) for up to 26 weeks, while you are away from work to care for or support someone needing end-of-life care.
- You do not have to be related to or live with the person you care for or support, but they must consider you to be like a family member.
 - › Phone (toll-free): 1-800-622-6232
 - › www.canada.ca/en/services/benefits/ei/caregiving.html

Putting plans in place

As you start making plans, know that you are not alone. Each person's needs are unique, and there may be times when you need support or have questions. Please reach out to your health care team — they are here to help you, answer your questions, and make sure you have the support and resources you need.

This pamphlet is just a guide. If you have questions, please talk to your health care provider. We are here to help you.

Important phone numbers

Contact

Phone number

Primary health care provider

Health care team (during the day)

Health care team (after hours)

EHS SPP identification (ID) number

Delegate (SDM)

Funeral home

Lawyer

Executor

Contact

Phone number

Bank

Other phone numbers

Other supports

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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