Speaker 1 ([00:02](https://www.rev.com/transcript-editor/shared/sbCDKYHh22jo7XPydviruErP3ZY5ayyQ9RucDhod8dDfEtulGqZ5Fvma1yYZar6Dp0vHlteGGUbaWFZKAwteDlMGJjM?loadFrom=DocumentDeeplink&ts=2.25)):

Hello everyone, and welcome to this episode of Ask a Doula Giver. I am Susan O'Brien. We have today Lisa Paul. I've been wanting to have her on the podcast and talk about the work that she does for a very long time. So this is a very special event. I'm gonna give you a little bit of her background and I'm gonna jump right in. Lisa Paul is co-creator of the Death Deck and the End of life deck games that inspire meaningful, meaningful conversations on what matters most in our lives and in our deaths. Lisa's also an expert contributor for Help Text, which provides expert grief and mental health support via text messages. As a licensed clinical social worker, with over 15 years of experience in hospice and emergency medicine, Lisa helps people cope with illness, dying and grief with a passion, passionate belief that peace at the end begins with meaningful conversations. Over time, Lisa engages people in talking about and preparing for this important stage of life. Lisa, welcome to Ask a Death doula, doula giver. How are you today?

Speaker 2 ([01:07](https://www.rev.com/transcript-editor/shared/gctROsAJDSgGYmiURvOxw2-HZt4lh82PHhwxFdFqIYxn1nlBxiZAwA2VP16e1Ow4XZthFYCEjKH7HtWOsmfv-z1Vkw0?loadFrom=DocumentDeeplink&ts=67.89)):

I'm great. I'm so excited to be here with you, Suzanne. I know this is, this is long overdue. I'm, I'm excited to, to speak with you.

Speaker 1 ([01:15](https://www.rev.com/transcript-editor/shared/QXKvqDEYlYLckg6u_2XuNifNpc1ZNcID-zeiMtjBZr2Ucvl2tVG8gKuo7Uwha-ZzH0mNg4XuEnEZtMtsGTh65tH2Mus?loadFrom=DocumentDeeplink&ts=75.75)):

Yeah. I have been watching and following your work for a very long time and been a great admirer of it. Um, because I will always say that 80 to 90% of a positive end of life has two major things. One is planning ahead, and the other is understanding the physiology of death, what death is like bringing, knowing that it's a natural part of our journey. Um, you know, a skill of caring for the, the dying used to be handed down from a grandmother to a grandchild. We've all but lost it. So these elements of not talking about it, not planning and not knowing anything about it, in my opinion, creates to death being a thousand or 10,000 times more difficult. So, love what you're doing and I love the fact that you're a social worker cuz you're really in there. And I really do like your background also about working with emergency care. So, let's just back up a little bit. Can you share how you became a social worker? What was that like, and when did you start working in the end of life area of it?

Speaker 2 ([02:12](https://www.rev.com/transcript-editor/shared/GST6jYZnMJMf8wNaroncM5fwxxdVv97fI9w_9atKBrVpwTH7oaskaK0o26HBPqDhwcIzarHzB06tozgVKmZAa1WZdYM?loadFrom=DocumentDeeplink&ts=132.72)):

Sure. So I, I was fairly fortunate in that I decided pretty early on, um, to become a social worker. So I went to, got my, um, undergrad in psychology and said, um, I think social work is, is the path for me. So I got my master's in social work in 1999 from University of Michigan. And, um, I didn't know that I wanted to work in end of life at that point. Mm-hmm. I, uh, ended up working with survivors of torture in Florida for a year. I worked in rape crisis and domestic violence. Um, I then moved to Los Angeles and I, um, spent about seven years in community mental health providing in-home, uh, therapy for kids and families in East la And around that, during that time, I experienced, um, the death of my, one of my long-term clients and, and her brother were murdered.

([03:16](https://www.rev.com/transcript-editor/shared/Gf6UtwEhcDjZfYklRKRKuyaRUGSkHsMiXvBk2StbzKtNxpAFpYP2Ki8ipzBhrIUwy2P8Mj7c9lHv0L61WYv_a-9OGjM?loadFrom=DocumentDeeplink&ts=196.42)):

And, um, I decided that I needed a break from community mental health. And, uh, I had been working with that family and many other families for years in their homes providing, uh, therapy and support for the family. And I was exploring options for in-home work that I could do as a social worker. And I stumbled upon hospice and said, huh, that's interesting. Now to take you back a little bit, my father was diagnosed with leukemia at the age of 40 when I was 18. And, um, prior to that he was a bit of a workaholic. And, um, upon his leukemia diagnosis and believ, he might die. He really, really transformed his life. And so when, when I stumbled into hospice and began working with people who were dying mm-hmm. <affirmative>, it ignited something in me where I really saw within a lot of the people that I was working with, what we can do when we're aware of our mortality.

([04:31](https://www.rev.com/transcript-editor/shared/uHIP1PgsxMVSnYUWYEqfZffZgKOUAR_5KPDo16jHHTcr0g0w2G7O9uruBmesi8-VnaFE4sRlQKkUYt9SZScQZy5hNBk?loadFrom=DocumentDeeplink&ts=271.36)):

And it made me, you know, connect deeper with my dad, um, who's still alive 30 years later. Um, so, and, and runs 10 miles a week. So he's doing great. But, um, so that's began. So I started working in hospice during that time. Um, I loved hospice, found my passion. After a few of my own miscarriages, I decided I needed a break from grief. So I went to emergency medicine, <laugh> a different kind of grief. And, um, and then kind of, uh, straddled both did, came back to hospice, worked in hospice and emergency medicine for a few years, and now I'm working part-time in hospice. And every other minute in my life is with the death deck and, and the work that I do. So,

Speaker 1 ([05:18](https://www.rev.com/transcript-editor/shared/4VfvjcEINOZwP9ytinq_BL5oI4b-trkF8ukk1AzSVWQKlDc-OXaspreJazwoxO39Cla-0XLuZTd_gC5V9y4f1wbXD_8?loadFrom=DocumentDeeplink&ts=318.9)):

Okay. We, we,

Speaker 2 ([05:19](https://www.rev.com/transcript-editor/shared/p_Jy2LGbIwM_IH0JaEIgB15TVtA0KX0rr-j86Vwtcrvw-hh1BxbHfonyKu8TcmxjeNcjelLya3WNzCfQSJjP3m0urIs?loadFrom=DocumentDeeplink&ts=319.63)):

That's my journey.

Speaker 1 ([05:21](https://www.rev.com/transcript-editor/shared/U4IiG4vQuPBNPe2xSvQLPGBZapuWM2bZIBXlmOpF7LeLNaVr-Go3Z5I471NvjwCPBBTY_fpeqsUruHq3994xak34dFQ?loadFrom=DocumentDeeplink&ts=321.19)):

We need to unpack that a little bit. <laugh>, Lisa, I just wanna say what an incredible human being you are.

Speaker 2 ([05:27](https://www.rev.com/transcript-editor/shared/jKA49G9mqc3yA0p7Yfethoub-dTMSdP5ITvIo8jx3xSFsG-4alvr9yzkctbubAQK3h3i1nGFoFTjzyjBwYpHR_5XOcw?loadFrom=DocumentDeeplink&ts=327.29)):

Oh,

Speaker 1 ([05:27](https://www.rev.com/transcript-editor/shared/OpbZQ-g1_pWGJkoOM33tx85iKqVk2sobFQ55WYhr967j4kIS5qRVPyozEOvjH7Ph7n2LdffxXrq1oV1KB4OesG_o5Ik?loadFrom=DocumentDeeplink&ts=327.7)):

Just stepping into the trauma and the work that you were doing in the communities and mental health, the intensity of that. I mean, people say you need to have a heart and end of life, and yes, you have to have a calling for that, but you need to have a calling for the other. And I really honor you for that. Um, let's talk about your dad for a minute and let's talk about hospice being the greatest teacher about how to live because I the same as you. When I, first of all, I had no end of life experience and then I kept hearing go to hospice, like this feeling of go to hospice, I mean as, as a registered nurse. And I was like, that doesn't make any sense. Why am I being called to go to hospice? Right. And the very first day that I did, I knew I was in the exact place I was supposed to be in, in my life and I had never felt more alive, just like you said.

([06:15](https://www.rev.com/transcript-editor/shared/yUYG8BBslflOwKINtqwu6YOAWy1mX94rD8rPJ-XbS9592hBYo4rm0SkVd7Bw5WJsfZeinbcTNgy1-vqc40ZjoZ2SkTU?loadFrom=DocumentDeeplink&ts=375.12)):

Mm-hmm. <affirmative>. So I feel like my perception of everything changed and the level of gratitude every day changed and the way that I live life each day, like one little lifetime mm-hmm. <affirmative>, um, changes. And so for us, and, and let's look at the big picture of our world right now. There's a lot of chaos and there's a lot of pain, there's a lot of trauma, we know that. But I feel, and I think that you might agree, is that removing death from our awareness and that is our greatest teacher about how to live because it puts you in a different perspective. It teaches you that we're all so much more similar. Right. That we're not different and we don't have that as part of our teaching right now. And so, you know, I think we really need to look at that. And so death is the number one fear in the world, the number one which boggles my mind because each, no one's getting outta here without that experience.

([07:09](https://www.rev.com/transcript-editor/shared/pYbmzC2KsyPLCeIfU8S5YIBHeYSU9OyeyXRlNJyHwc4X_1jGum97GDBKxKRtba4TTlj4Sxud842XdHV4N9kWZDWMTpQ?loadFrom=DocumentDeeplink&ts=429.29)):

Right. So, and it can go really well. And we're gonna talk about your journey in hospice and then what birthed the idea for the death deck, because I really do understand what that journey's like. And then wanting to make it better for something, again, that's a hundred percent guaranteed. So love your dad, so excited that he's running. He just upped my game that I have to 10 miles. Um, but also just the fact of, you know, it really allowed him to have a complete change. And I think that one of the things I've seen too, at the end of life is people really starting to live for the first time ever, like forgiveness and getting like to conversations, but it's o like we don't wanna wait for the, that last period. So it's something that we can, um, share with people now to capitalize on, make this life what you want because you're able, so you're in hospice and what's happening there that you want it to create a tool.

Speaker 2 ([08:09](https://www.rev.com/transcript-editor/shared/SHCgYxixCm-66WC21LS0rsM1VsGT-fLmuRhc11PX1bKs-pc5-PkktYHBFfXSty1keQAwjPyfY4XYxmOyZyNLbrbvcQ4?loadFrom=DocumentDeeplink&ts=489.59)):

Yeah. Well you brought up so many great points, <laugh>. Um, I, uh, my, my brain is spreading all over the place.

Speaker 1 ([08:17](https://www.rev.com/transcript-editor/shared/YZEc1HSokpij1fvD16bk8yYeaS0FuyyclEXaiHidcT90CQ2cvs7TkQW91Uj9MyAT-HlC3nO5HJDyx82dek-a7NCTmrA?loadFrom=DocumentDeeplink&ts=497.27)):

Yeah.

Speaker 2 ([08:18](https://www.rev.com/transcript-editor/shared/z0-J4wanq4HJ5bFpJKrRGi0hL8JMCck5d0qi8I78VXvHGeSMkbDGL5qmm-fEDci_R3co0UDXPWXFcild-NsmVZRnvC4?loadFrom=DocumentDeeplink&ts=498.2)):

So working in hospice, it felt very similar to how you experienced that, Suzanne. I, I felt immediately like, oh, this, this feels right. One of the challenges and things that was really hard working in community mental health, um, and the ER really is that there's so little, there's a lot of helplessness feeling, what can I really do for, you know, I can't fix the situation. Everyone wants the social worker to fix it. And what I found with hospice is no one's trying to fix anything anymore. We're just trying to support, educate, and be present for Yeah. People and their families in their end of life journey. And to me and, and who I am as a human, that aligned much, uh, better. Um, and with my disposition and who I am, it just feels really natural. Um, and I, I just love the intimacy of being in people's homes and being able to see the neighbor who comes by and all these beautiful aspects of our hospice. So, um, but I will go back to your question. Oh, go ahead.

Speaker 1 ([09:30](https://www.rev.com/transcript-editor/shared/4rkpwaA3yMh11bHhLOaSc_Jg9ICnJmXwRnEYUTvdePkdhefMfR-zg-8LpBj-PYsfgNaqiB1PN63TR-1O_iRcaxOOT8Y?loadFrom=DocumentDeeplink&ts=570.78)):

I wanna hold onto that for a minute cause I want people to really hear this cuz you really, really quantified and nailed this so well is that we're not here to fix it. You can't fix end of life. And we really can't fix things that are going on in the world. Everyone's on their journey. But the beauty of the end of life space is the presence in which we show up with, with no judgment, with an open heart. And we can all do that at any moment in our life. Like, we can bring presence and non-judgment and, and just, you know, seeing one another, um, which again, doesn't death teach us to bring that back. So I agree with you. It was just, there was such a connection of love, um, that I had never felt before being connected to something so much greater. So I agree with you and I just wanna really have people hear that, that we can practice that today and every day and we should

Speaker 2 ([10:26](https://www.rev.com/transcript-editor/shared/oeK_dn-1ySDHYJoRYTSMjiDIc28-91x3995OqEFaCdaEvcncY5LsTbINNrgzq93jEPARPBjGuKXa9yFN6lMoSVKX07s?loadFrom=DocumentDeeplink&ts=626.37)):

Mm-hmm. <affirmative> mm-hmm. <affirmative>. Yeah. People, people don't wanna be fixed to tell you the truth. <laugh> people wanna be heard and supported.

Speaker 1 ([10:35](https://www.rev.com/transcript-editor/shared/bpxzd4mTp7mZmU8XEy8vtUlnf7FoPsueZP2_HA3iPpzyK2hRSlRmrvBO3vf7tN5R9zlW4Hqg1cp3iKtG-g75qdPdP_A?loadFrom=DocumentDeeplink&ts=635.52)):

Yeah. And, and here's the fun thing. You can't fix somebody else. You can't do their work for them, but you can have compassion and empathy and see them and hear them. Right.

Speaker 2 ([10:45](https://www.rev.com/transcript-editor/shared/lgrQSIaGnDaPtHZpIksFJW0DHmuF7jiWUw9vFnqCUFEg2gCtZwr6XJAIdx388Hftua1N9WhzZdDVDGcLAHjs_0iEUdQ?loadFrom=DocumentDeeplink&ts=645.12)):

Right.

Speaker 1 ([10:46](https://www.rev.com/transcript-editor/shared/Y6Ye7tdPqF9upSWEX2lv0dXqsfEwG5kTuJmvxJXFmQ_szg_wNqWIVnwGruOGjDp9s0bG_2So5avgi7Av9p3ekPEskbw?loadFrom=DocumentDeeplink&ts=646.14)):

Okay. So here you are now, uh, doing hospice care and what happens for you.

Speaker 2 ([10:52](https://www.rev.com/transcript-editor/shared/qPUchmyz3eD0OKD5fwUoRnJTcMEBrp6HFGiiL8iF1O8LK-ocZud1CgOhuHlgAT-EI3H3DzvaTNoxRbWr0Zsrfa68P6k?loadFrom=DocumentDeeplink&ts=652.65)):

So, uh, so what happened was, I rather early in my hospice journey, I met Lori Ro when her husband Joe came onto hospice. So he had pancreatic cancer for about a year, and then, um, came onto hospice in the last two weeks and two days of his life. Lori had two small kids. And, um, there was quite a bit of chaos in the house when I arrived. And, uh, what Lori did a beautiful job of, um, supporting Joe through his dying process. But afterwards, during the time that we provide, I provided grief support for her. A lot of, um, questions and, and, um, hesitation over did I do the right thing? Did I make the right decisions for Joe? We had never talked about this. And that was the theme over and over again. We had never talked about it. I didn't know Joe's family had different opinions on what should be happening, um, about medication or some other things. And Lori, there was a lot of love in the room, but a lot of indecisiveness and chaos and and confusion. So, um, do you wanna, sorry. And so then

Speaker 1 ([12:13](https://www.rev.com/transcript-editor/shared/fQDtuyG5Fk9MOJ4_NzxRzQppzCj1x4LJvA2oj1KMO06-M7a8EibaKzB_s_PmVPQP956Nip1HMVAbnmA_kAtpkqoGgQs?loadFrom=DocumentDeeplink&ts=733.77)):

I, I totally understand what you're saying because everyone's stuff comes up at the end and everyone is trying to do the right thing, but then you also have people projecting their own fears and things on, like, the whole thing is just this, it can be chaos, like you said.

Speaker 2 ([12:29](https://www.rev.com/transcript-editor/shared/mbxeYS5WyPGI5NCbjPU5_Sl-Gimq3K1Q5HuzxmhS1_7CvX3WpldsuZptZi4PDZmgoXlieoREyJ5IgoI3MK5Q3cB3hrI?loadFrom=DocumentDeeplink&ts=749.68)):

Yes. It, it can be. And it, and um, and when we don't know, we do typically make decisions based on what we want other rather than the person. Right. So, so we, years later, Lori and I, Lori reached out to me and we became friends. She said, Hey, I'm writing a book, let's meet up. We became friends and through that time together we began talking about Lori's experience and how she felt so unprepared and what could we do about it. So that's where the idea of the death deck began, because I had seen and continued to see in my work, um, both within hospice and emergency medicine, that people are unprepared and haven't had these conversations. So we started looking at what are the tools out there and um, there's some great ones. And we said, well what, what can we bring to the table that's a little different?

([13:28](https://www.rev.com/transcript-editor/shared/dIczX6LaG8Z60HhZUghCw1Jzfiid5cxpsvY400lQNNhqkTuVadx7VQz-U4LPGZeeb1EVZJXVkb8N4dHzx-CA1YjGK0g?loadFrom=DocumentDeeplink&ts=808.81)):

And so that's when we decided to use multiple choice questions and humor to bring a little levity to the conversation. With the goal being the goal of the death deck being let's normalize these conversations on death and dying. Let's just get people out in the community to talk about what they think about all of these topics related to death and dying so that we have a starting point and talking about death requires practice. And the goal is that then when you have a medical emergency or a serious diagnosis, you, you have some skills in place. You, you've been working, you've been practicing, talking about these important topics, uh, not to mention your family should, should you have a car accident or something like that. You hopefully have then told your family what you would want to happen in that situation. Yeah. And have some documents in place because you've begun thinking about these topics.

Speaker 1 ([14:30](https://www.rev.com/transcript-editor/shared/uYMnSMgE7kWHeLu35nFaBcA8tc3DOHwpDMTtZFuhoXQPes42DI000GqtOSynnWTfGlluzP8lSdfNlxw5AlN-LLT5hdQ?loadFrom=DocumentDeeplink&ts=870.82)):

Yeah. Um, so important that people understand that this, so when you're saying what you just shared about her husband and, and the dynamic, I kept saying, okay, but it's his choice. Like he should have cho like ultimately he should have shared not at that moment. It's very difficult to do that prior. So the time to discuss this is not when we're faced with somebody in hospice or in the I C u, ideally this conversation cuz fear comes up, right? And panic comes up. But thinking about what quality of life is to me, to Suzanne, and that's gonna be different for me than it might be for you Lisa, although we might have similar, um, because we, we have this area that we work in, but it's a subjective thing that people need to think about. And when is a time in their life that they wouldn't want measures to keep them alive when there's not quality of life and how difficult that may be to have that conversation.

([15:28](https://www.rev.com/transcript-editor/shared/AfemQZ3wvMDE6ERl4eqmqAnuvjVxjJ0DifxSKpS-k5iQyEZkrTebVg-mfBxX8Gdweg3hEEocZ3JxRS--FZ5FCjtDgm4?loadFrom=DocumentDeeplink&ts=928.13)):

It is the greatest gift you can give your families. I promise you this. And it's the greatest gift you can give yourself. Cuz if there's a blueprint, like even if my family and my children don't agree with, oh, she doesn't want a feeding tube if, god forbid she was in a position where she can't feed herself or talk or anything, but we know that that's what she wants. So even if it's not what we want, we heard her about quality of life and we're not making that decision. She is. And we're gonna support her in that. We do understand it cuz she explained it. So I love this that you went back and I really love that she used a painful experience in her life to gift something creates something that then helps people going forward. Cuz you're helping thousands upon thousands of people with this death deck and the levity of it is fantastic cuz Yeah, we, we, you know, we have to do something to kind of even out some of the, um, you know, some of the conversation and you can, so alright. What year did you develop it?

Speaker 2 ([16:25](https://www.rev.com/transcript-editor/shared/tWkomfHUc5kw2vsoDkPFyqsb_LJKkvePzSstPsRDg8bY7YoGgdrZoBUl8WTr-5eprubY4B-EYcnQdKq_5V7TwJUu_Xg?loadFrom=DocumentDeeplink&ts=985.85)):

Um, 2018 September, 2018 is when the death deck first launched.

Speaker 1 ([16:31](https://www.rev.com/transcript-editor/shared/Jrmeo5h539qv_Mu3BOwHJzU3ui77pTvtzDGt7x0XQSDOQCFUorI2E1I86ukJQKIHu2dt4U7BIs4w8bkKG32k0TvMlS0?loadFrom=DocumentDeeplink&ts=991.49)):

Okay. Um,

Speaker 2 ([16:32](https://www.rev.com/transcript-editor/shared/xz88mlzcN8_eU_lMErNB4NBXviZbxNAHbbtDayMS74yv9FLRrZ4-5-oQmmC9grnne-IfG1Rn3L47Lqc-f-8qr_TrhBA?loadFrom=DocumentDeeplink&ts=992.72)):

And I just to return to something that you said, you know, we really, there's a lot of focus on advanced, advanced directives and, um, living wills and the paperwork aspect of, of death planning, which, which I a hundred percent agree with. We need the, that paperwork in order. Um, but I would say both in emergency medicine and hospice, the paperwork is far less utilized than direct conversations with family members because that is the reality of healthcare. And so when in an emergency room setting, when someone comes in with a, a, let's say a, a massive cardiac arrest and the physician is there and they, and I'm there as well as the social worker and we are talking frantically with the family, do they know, um, have they, have you talked about what they would want in this situation? Who's the, who's the power of attorney for healthcare?

([17:33](https://www.rev.com/transcript-editor/shared/D0AF6abj-wuoI3dMOgI-9gzM8mob1Ec-aUi8ViqfBRJejldT07cQiGv0Fa3Uv__W8IPACrArXFti9sp0biOp8ItAb4M?loadFrom=DocumentDeeplink&ts=1053.74)):

Who's making the decisions? What would they want? Um, it's not, it's not that people are carrying around that advanced directive and they're reading through it in these moments. They're remembering conversations that they had with their dad. You know, dad said that he, he wanted nothing done if he got to this point. He's 90 years old. We've had these conversations, you know, he's don't, do not resuscitate if his heart stops. You know, so there's, it is, it is the conversations that give us confidence because oftentimes there's words written down on paper, they're either vague, we don't or we don't know what they meant by them or, um, or we can't find the damn paperwork or, you know, all of these things. Yeah. But we can always, we can remember these emotional conversations that get imprinted in our brain, um, about what dad's wishes were. So that's, that's the other like huge piece of why we created the Death Sec was, yeah, you know, that paperwork isn't, isn't going to do much if you haven't talked about it.

Speaker 1 ([18:50](https://www.rev.com/transcript-editor/shared/KFeDQdlvM6q8H33kyzmWQu74deVK-Qh1wZzMwbXUsPIgZf0ISEzqWxqwC8rDPvXyg7G3bjK5FTSqPHAehTa7DJvA8bk?loadFrom=DocumentDeeplink&ts=1130.22)):

I, let's, let's do this, let's unpack this because this is really true. And I think there's some things that some people are not even aware of with the advanced directives. So you are so right about that. Now, there are people that do their advanced directives don't even show their families. Like, they leave it as a surprise. Like, God forbid something happens here. It is. That's not how that works. Not supposed to be a surprise, the healthcare proxy not supposed to be a surprise, but I don't think people understand either that the doctor has the right not to follow that. So it's not a sure thing and the laws on the doctor's side. And that's, I'm sure that a lot of them would. But the most important thing you write is the conversation because those papers aren't always there. People don't always know what things mean, but also they're gonna turn to the family and say, what do you wanna do?

Speaker 2 ([19:34](https://www.rev.com/transcript-editor/shared/kTd0v5VsfxteeZZxwDh8xBqBxai43jONkORVTticPdMP_QPpqHYf9KD7kf3pMLvvKGdWbx0oIS0V9xu6aN08_d2uAnw?loadFrom=DocumentDeeplink&ts=1174.89)):

Yes.

Speaker 1 ([19:35](https://www.rev.com/transcript-editor/shared/CyQz0qSNR9l8Gn-2IDiv13vUhM6VRYIdkARY-6Bn2a-jsBq3fYR2yhg5KsmkoMPtw8W5Qk9K3U69BsiteZFs2tf8rbI?loadFrom=DocumentDeeplink&ts=1175.36)):

And you're gonna know and you're gonna know. So the conversation is great. Tell me about the deck. How does it work? How many categories or and cards is it and what do you share with people to like dip their foot in? What's the first thing they should do?

Speaker 2 ([19:51](https://www.rev.com/transcript-editor/shared/FgCvx3jjH4gjE8chCMerHxWKOpk74Hck5gZJUD3YhTJOAJAejzqxX2rxKVBdPKvPrgThWZ_8jQaA9eUKhy191sCZMAE?loadFrom=DocumentDeeplink&ts=1191.93)):

So the, so the death deck, uh, is 112. Questions 82 are, uh, multiple choice and the remainder are open-ended. And, you know, we created the multiple choice cause we found that people really can align themselves with an answer and have an easier time. It's kind of like taking, you know, your, your, um, final exam. You hope it's multiple choice, right? <laugh>. So, um, the, the questions in the death deck are range from just, uh, topics about your, your views on all things death related. Like can mediums communicate with the dead? Um, would you live in a house that someone was murdered in? So those, those two questions are, are couple that I usually start with in like a bar setting, a brewery setting, you know, just trying to get people to kinda share stories. Yeah. But even the question about the, like the murder house, um, usually launches into people talking about a spirit or signs from beyond or someone who died that they, and so any, any question from the death deck will, will typically spawn all of these other conversations. So I usually

Speaker 1 ([21:20](https://www.rev.com/transcript-editor/shared/2fmOAryPf48Y4t-VQs6lDxRksPBGMP0Y6-TZ7TNCOlY1oHoZTWDpV8Z_SMKEJnC2_Be2_1WlMbGwbJWi0LVbeEsuagQ?loadFrom=DocumentDeeplink&ts=1280.95)):

Cards lead to this road.

Speaker 2 ([21:22](https://www.rev.com/transcript-editor/shared/FucsTukVjN4gEZ1IHnInqDxNarAk7lfP3JZQn_Ise_KtA9HYN7llxpQZFsDp-CYahmvuS98bGG-5PQ2_sylaSIR0leA?loadFrom=DocumentDeeplink&ts=1282.96)):

Yes. Yeah,

Speaker 1 ([21:24](https://www.rev.com/transcript-editor/shared/KwQRpFn0CrVOCsPgxPnz1Egpr2jpa4UxTNVM4K7Ps7tOx7vKK2Q2QKhrqdbAZ7hGpHDSNFagYcUPDCu8NiWZMSEVFl8?loadFrom=DocumentDeeplink&ts=1284.31)):

I love that.

Speaker 2 ([21:25](https://www.rev.com/transcript-editor/shared/wNA94_n3JqsE08NvGf70kHQsBkOIYzqqNLfqh4_fVbAy5PpuXeQWy46dzZVEXJKjUX1srZ-PEfT1e2myRNVH91s4vu0?loadFrom=DocumentDeeplink&ts=1285.51)):

So in a, in a party game setting, those are the kind of questions that I start with. Um, we, the death equity designed to be a little bit of everything and so people can stack the deck and use it for the purpose that they're using it for. So we have a lot of people use it for advanced care planning conversations and getting the conversation going. And there's about 25 questions that are really specific about advanced care planning in there. And so, you know, in those situations they probably, they wouldn't be asking about the, the mediums communicating in the, with the debt. Right. Um, and then we have other questions about, uh, just a lot of educational pieces about different disposition options. Yeah. Um, uh, let's see, disposition. Um,

Speaker 1 ([22:19](https://www.rev.com/transcript-editor/shared/tfcbQF7PDlgyrXkDc31Q6yqdS-4vS332q5afBsBl3CC0gpQoi4epsIwmoH0ccAhfYdg-X-vPK_WXWD9S9JJ9S_7uo7g?loadFrom=DocumentDeeplink&ts=1339.81)):

I just love it.

Speaker 2 ([22:20](https://www.rev.com/transcript-editor/shared/eOX_-5xtdpVRU0sxDPqymi3YLaEkl-PXjpTHRtFzGjIP2HBMtoVI7CeMr7rnFuV5dqxL36QpWpdUs2TjAP64iel7rwY?loadFrom=DocumentDeeplink&ts=1340.65)):

Palliative care, a little bit of everything.

Speaker 1 ([22:23](https://www.rev.com/transcript-editor/shared/FmC1dTnuY3VBqr_Jaq0sSY22qNcq-FwOq7I15hdhGfRHGwKO7u1AGUgBRl1zAgsN0tj2mQrQ6CWqk69sBxqx_7NJ5s8?loadFrom=DocumentDeeplink&ts=1343.23)):

It covers everything. And I love the multiple choices because when we don't, we don't step into this area. Most of us, when you ask a question, people don't really know options around it because they haven't like explored it. So then if you're like A, B, C and D, you're like, oh, I can have a water cremation. Oh, my healthcare, my healthcare proxy doesn't need to be my husband or a family member. Like, these are critically important pearls of wisdom that changed everything. Because if somebody's healthcare proxy doesn't agree with what you're asking, and that's a big misconception too, like it's always said that the healthcare proxy is the person that you designate to make healthcare decisions for you. That's really not correct. They're making decisions you already made. So they have to be comfortable. And there's a big difference there. I'm not sitting trying to figure out does she want a tube?

([23:13](https://www.rev.com/transcript-editor/shared/YSBQZUC-mWQmvyDrS2n46r1MU9Fr7dOx0hKhL4t9JP3km3xx4CCy5x_pIWyYgmTEkAgvLnGs0GJnZpYTb-BB67MIUiI?loadFrom=DocumentDeeplink&ts=1393.78)):

Does she not want a tube? She told me she doesn't want a tube. I'm saying I'm gonna speak for her. And then I have to also say, are you comfortable with what I'm asking? Because if somebody's wavering, guess what? They should not be your healthcare proxy for multiple reasons. It's not fair to them. They probably won't be able to get done what you want. Um, so I love that you can stack the deck in different ways and just all, all roads lead to this death highway that we're, you know, traveling in, in a beautiful way on the mini bus with, with lots of goodness. Um, now you have another deck. Tell me about that and what, what prompted that creation?

Speaker 2 ([23:51](https://www.rev.com/transcript-editor/shared/Bc3GquzJjkQmfy1-7sGL9u2B21tdhMtVnT2M8Yn5EG4Mh6Qm2XXVxoqAIoQc-zN8L84chKwaRPF9FSLrM_9-nBvKrQ8?loadFrom=DocumentDeeplink&ts=1431.77)):

We do. I know. So this is our death deck with our circle and the word death, which we specifically designed. We got a lot of pushback initially from people saying, don't use the word death, it's too much. And we said, no, we are normalized conversations on death and dying. And that means using the word death. So that, with that being said, though, we, we got feedback and, um, and I myself experienced as a hospice social worker that I wasn't necessarily bringing the box into hospice homes because it's different when you and I who do not have a terminal illness are talking, um, abstractly about death when death is coming sooner. And we know that we're towards the end of life. It is obviously it's a more respectful time and it's more sensitive time. So we designed the e o l deck, um, with our little koala on it and e o l for end of life. Uh, and in the cards. So there's 52 new questions in here. And, um, we really lean into all of the end of life preferences. So we ask a lot of questions about what kind of touch would you want to experience, um, what sounds do you want to hear? Um,

Speaker 1 ([25:20](https://www.rev.com/transcript-editor/shared/jXnF8iVffydBc5P3Jr4qwxl1kmLaR97-S54X7awNSvjBsR7NHpv8AKfPYTfPwhxGSkp4OnFVwtALkaQsHD3YramcHLc?loadFrom=DocumentDeeplink&ts=1520.31)):

It's a life deck, Lisa. It's like a,

Speaker 2 ([25:22](https://www.rev.com/transcript-editor/shared/5zs-WeLI_IWf1Prhg2IKJr6xSf0yzCDsHHxlGew-TEBOXjUKnOqY8JzPa1Y6GwHalikGVVdx26K2Cl0G1q0BGdMIB1I?loadFrom=DocumentDeeplink&ts=1522.39)):

It's a life deck. It

Speaker 1 ([25:23](https://www.rev.com/transcript-editor/shared/xV-EzxFSbu6EkOJsZQr8Kvj4uE8hiX4iul4M8Pdj0Ul3ckZBnTv_8kl5VkA8ea6D9mYSFWpElyB9nDsuNNwhtSL7NOE?loadFrom=DocumentDeeplink&ts=1523.47)):

Yeah, it's an powering life deck.

Speaker 2 ([25:25](https://www.rev.com/transcript-editor/shared/9-GsApnMEa0RYZTyeBizDMUiA02ZosJhiqC8V5PnN3D3Lo4wZJDJLttJj39-pfTwiLYAAidtXJ75l5QqjhspIivTETE?loadFrom=DocumentDeeplink&ts=1525.71)):

Yeah.

Speaker 1 ([25:26](https://www.rev.com/transcript-editor/shared/vhKSCD9CS7_2nIdur2vZA9GP9XHpYlb0aIhLkU-3DLs5YNVTdEqUKAT-zx4AOkPbdamF4HmPG3Q7wfxaxXAHboSFgNY?loadFrom=DocumentDeeplink&ts=1526.01)):

Yeah. Love that.

Speaker 2 ([25:27](https://www.rev.com/transcript-editor/shared/6ZT6131JzkDqRFOyd4cTSgeJu-cMN_6BTGoUjMKhWQkg6Ep-QHx6GMXuNm2PkFr-99ShQ3O5wo2iZTcN_Lpb40h1c0Y?loadFrom=DocumentDeeplink&ts=1527.56)):

And so this is the one that I'm carrying around in my hospice social work bag that's getting a little worn, uh, because it's getting a lot of use. Um, and then with, with this, and, and this is a little, this can be used with patients and families, but it's, it's, it's a professional tool as well. So, you know, um, someone can go through this on their own. Uh, but I'm, I'm using it as a social worker and our team is using it, um, to help start these conversations. And I, what I recommend is starting with the legacy questions because it is usually legacy questions are a little bit easier for people to begin answering and then kind of moving into the end of life preferences as they get more comfortable with the conversation. I also recommend that people consider answering themselves. I know that different professions ha and professionals have different boundaries, but I, I believe that there is a little bit of value in, um, when someone is being this intimate and vulnerable with us, that we share a little bit of ourselves as well, just, um, to, to get the conversation going and, and done in small ways that are like, oh, you know, the questions that ask about scents that you'd like to smell.

([26:47](https://www.rev.com/transcript-editor/shared/Ykiy6NsJ-MvaH9F6BVfBArIQ2sGNmnRw22yhBA1rk3HChfxxCV-fJ1J9BnaZKJ1mlXlIJGJG78fbXRpIgZC6G06U-Qw?loadFrom=DocumentDeeplink&ts=1607.94)):

I might say, you know, oh, cookies. That's how I would answer. You know, just because it's, it's, it's, we are so lucky and, and honored and given this gift of being in the presence of someone in the most intimate time in their life. And so, um, so I think in having these conversations, we can give a little bit of ourselves, um, as well to, to help ease that way.

Speaker 1 ([27:18](https://www.rev.com/transcript-editor/shared/hLs_iNVykdXZscxv7EsJa7ezjsFPHx1Eki7yOnv99m_UFC9uZucTNnRYfrJakS4bpjzhT13MyyVZ7-Ry0j0OtfFHI6k?loadFrom=DocumentDeeplink&ts=1638.72)):

I also think that's a great tool which we share with our doula givers and other people for if you wanna try and have this conversation with your family. And it can be awkward, right? Especially if you have older parents and they're closer to the time. Although we never know when our time is happening, but if you share what you would like and you started out with your part, then sometimes, you know, they'll think about it. And, and when you were talking the expressions that we use in the medical world, like, I'm sorry, there's no more I can do for you. I mean, we have to rewrite all of this because there's so much that we can do for people. In fact, I think it's one of the most important places that doctors show up is to symptom management and show up holding that space for not only that person but their family as well, when they're really scared.

([28:04](https://www.rev.com/transcript-editor/shared/FL_GleIgsComzbbqHPogJfA6wSpyjwtd9LkfhoSICKgkayQjoFycL-LuZDExm4NofFXNnAh1zujvd2juj1jpXHC3puc?loadFrom=DocumentDeeplink&ts=1684.86)):

Just that support. But there's so many choices that people have. And recently we were doing this advanced directive that's really full, like not just the healthcare proxy, but really the choices, like you're saying. And it felt so empowering to think about, okay, and, and look, I might not have it a hundred percent the way I want it, but even if I got like 80 or 85, it's gonna be a great thing. I picked my celebration, I picked the music, I picked what kind of care I want, you know, animals, like, just a lot of things. And it was, it felt like a real sense of control when a lot of times we feel like we don't have control in this space. So I love that deck. I love, I love both of them and I love that you have the two because you're really right.

([28:52](https://www.rev.com/transcript-editor/shared/ZM6TLbWOJskU0EBvREU_vGztKYa0CKN365RQ--EyNBclrvWwFi3CDjNH_eTqdlpxY1RoSFaVf3KiSscXWZM7BxygOM4?loadFrom=DocumentDeeplink&ts=1732.59)):

We need to meet people where they are. And even though my goal in my lifetime, hopefully is to have that culture of, of death synonymous with life so we can have conversations about it and bring the sacredness and the teachings. But you know, when you're working with people who are fearful or facing it, you can't just come in with, you know, okay, you know, we're gonna talk about death right now. They go through stages. You need to meet people where they are. It's a very sensitive space right now. So, but you can do it. You can come from that place about what is the most important thing you want people to know that you've learned in life. And when you think like that subconsciously and unconsciously, you think about, ooh, one day this journey is gonna end, and if I haven't gotten to what I wanted to do, you know, climb the mountain or whatever it is, might be time. We need to think about that. So there's just so many, uh, beautiful things about it. So I love, I love what you're doing. Yeah,

Speaker 2 ([29:53](https://www.rev.com/transcript-editor/shared/SUhHvsVH3vEOHjePryEiBN-ilFDCoynEiI8wHTEql0N6pYnCDhLdMDg4Bor7NmzA8CySctHCo9B0j4XbB3Mu2x6wuBs?loadFrom=DocumentDeeplink&ts=1793.8)):

Yeah. You know, there as I'm listening to you talk, I think, you know, even, even within hospice, I know that not all of my team members feel that comfortable talking about death and dying. You know, even in end of life care, there's different levels of how people are communicating. You know, some of our nurses are very focused just on the symptom management, right? And, and they rely on the social workers and chaplains to kind of speak more openly about death and dying. Of course, some of our patients and families never wanna talk about it, and that's their right. And that's, we just continue walking along with them. But to me, you know, it does take a little bravery to have these conversations. Um, I think that the more you do it, the less nervous you are about it, or the less, um, you know, you find your way of how you can, can talk about it.

([30:50](https://www.rev.com/transcript-editor/shared/9g-U93WP5Bw1ioO-nDnlSM1WNJdYKi1hbroI5q9O5xbPa7WHoBq6mJN1PAxYOFuCNDndTZzNi2bIo6LVFjfK6MSzq3M?loadFrom=DocumentDeeplink&ts=1850.65)):

But, but what I have found time and time again is that, you know, wherever I am, people wanna talk about death. It isn't that people don't wanna talk about it. It isn't even at a party. I mean, oh my gosh, you, once people know the work that you do, I mean, sometimes it's like, okay, I mean, we've been talking about death a long time, let's get back to the party. But, um, I think while it takes a lot of bravery, it's also something that takes less and less bravery, <laugh>, the more that you do it. And I, I just really encourage people, obviously you and I are talking to probably the people who believe some of the thing, you know, they, they're we're preaching to the choir a little bit. Um, but I tell my friends, you know, I have a lot of friends working in the entertainment industry and all these different professions and, and, um, they of course know about my work with the death deck and what I do and what my passion in life is. And we talk a lot about getting them more comfortable, and then they're going out to their family and community and people that they work with being more prepared when a, a coworker experiences a death and like we each have our way that it's not just for end of life, it's for everyone. Right? And so all these little sprinkles that we're doing, so that hopefully we can just keep changing the culture around death and dying.

Speaker 1 ([32:26](https://www.rev.com/transcript-editor/shared/85NrajEb-mWzJhL5reBS-ctZX-HRUBBEpVW-54IuqE-hQsw6_p-kJmMUXYCadNtg5SRM-8GuMAkz3lHN_JL8v_Jn1xQ?loadFrom=DocumentDeeplink&ts=1946.92)):

Yeah. So as we come to a close of this podcast, like a couple of things. So yeah, planting seeds all over, but I've seen the most beautiful end of life experiences. Not all of them, not most of them, but I've seen them. And I knew that if death could be like that, if we knew that it could go like that, we would never be afraid of it. Love profoundness, just what was happening there. Almost like that sacredness of bringing that baby into the world, but having somebody leave. But what that does, not just for planning ahead at that time, because it can go a lot better when we know what we'd want and we think about it. But let's go back to your dad how you opened this podcast up when he was faced with his mortality and he completely changed his life, his perspective, his probably gratitude of every single day of what he can do. That's what this beautiful awareness that one day the journey brings to you now. And I think there could be nothing greater than that. It's like a win-win situation. Mm-hmm.

Speaker 2 ([33:28](https://www.rev.com/transcript-editor/shared/BRHKasxPO_G_QvNanho54umKuAtsavhhjxFry6nNZNIMRf3wiGaktSDewRgkh981DsV6sZrTTd--4xn3AXQFehkaWk0?loadFrom=DocumentDeeplink&ts=2008.91)):

<affirmative>.

Speaker 1 ([33:29](https://www.rev.com/transcript-editor/shared/qov6sU8Dc5fAHZW_-kJdUu0jtFc-3xmjW9MxE15r0gJ9Y9cmkP7KluyJG0D5HBnqWh1FC0ASUrJ0_pJIkl6sQPGELog?loadFrom=DocumentDeeplink&ts=2009.15)):

So for something that's a hundred percent guaranteed for all of us, let's make it the best it can possibly be for not just that time, but for, for now in life and coming together in this thing that binds us in our humanity. So, love it.

Speaker 2 ([33:42](https://www.rev.com/transcript-editor/shared/WymB9fNEuNZLuCJaCQH0AxTjvb5LZsbzULbJ7sWKwvep0g2s4F_xLFTMyjcm4vkmBBpx6_QpVvXJSpKmnzEmW3PHb_M?loadFrom=DocumentDeeplink&ts=2022.98)):

Yes, I completely agree with that. And my dad, um, you know, he continues to inspire me. And I, I look back on that scary time and it's, it's become, um, such a, a shift in all of our thinking at this point. Um, that it's, it's, there's gratitude for that experience. And, um, I think if we can all lead our lives remembering that we will die, um, we, we will live better and make the choices that reflect who we wanna be. And yeah, I'm just, I, I think that we're, we're doing so much in the death space to, to help bring that awareness to people. And I'm really excited about how far we've come.

Speaker 1 ([34:38](https://www.rev.com/transcript-editor/shared/mfKyVin8_NEHKZrWBE4W5b-oZCZmc_B_MM0zsauEredEiYcJ934BgTQe2xH717zPVMK8pQD1knI1ZxpMaKGFT8DWi8I?loadFrom=DocumentDeeplink&ts=2078.81)):

Yeah. I mean, when I talk about, when we're talking about the world, it is a heavy place. And we understand that this is one of the most exciting spaces in our world at this time, this shift of bringing death back into the sacredness of life, but also what it teaches us and coming together on that and all, all the goodness. So, you know, thank you Lisa, for the work that you're doing. I love your deck and I know other people wanna get in touch with you and get that deck. So can you tell us how people can reach you and get your death deck?

Speaker 2 ([35:06](https://www.rev.com/transcript-editor/shared/sH5CsjMgrmS-OenK0VnOToeMIG_0taMvcmj942P_o8mVRRvDTHUw4Lb0PomlC9NIQX1prHvsK-3CIki1d5V-Wtb9eKc?loadFrom=DocumentDeeplink&ts=2106.53)):

Yes. Well, you can reach us@thedefdeck.com. Uh, you can also, uh, find us on all social media at the def deck. And, um, you can also find, you can also reach out via email at hi at the def deck.

Speaker 1 ([35:24](https://www.rev.com/transcript-editor/shared/khDPnHdD4epgshVjMCNYq0pBipZiGFgIrCuTTrsfhf6-_86N7Njc2h6uu27Wz7XSxzhSTqTEH-yflrievki_XLznZI8?loadFrom=DocumentDeeplink&ts=2124.53)):

Okay. We'll put all those links below. Well, thank you. So thank you so very much. I cannot wait to meet you in person. Um, you know, the, just what you've brought to this space, I, I wanna thank you. I know that you're helping so people, and it's just thank you. A wonderful thing to see. Thank you. It's been a pleasure talking to you today. Yes. Okay. Until next time. All right, everyone, thank you so much. I hope you enjoyed this episode of ASCA Death Doula. That was absolutely amazing. Her links are below. Get in touch with her, get that deck and have that conversation. We will see you in the next episode. Thanks everybody.