Speaker 1 ([00:00](https://www.rev.com/transcript-editor/shared/NzJCvfnrcge86Ne5WxiJCEfXcNhGwG4DE3TITk002iykqmm-cFu6Jw4uRRWmYTwcI9Q1fI7Um1j8mgl4oBkzL6-m3m8?loadFrom=DocumentDeeplink&ts=0.69)):

<silence> Hello everyone, and welcome to Ask AEP Doula. My name's Susan O'Brien. Such an important announcement that this month, August 24th, is going to be the family caregiver training, but there's gonna be a very special announcement on that training and it's gonna be a little bit different of a training. So if you were somebody who's taken our level one end of life doula training, that's amazing. The family caregiver training's gonna be a bit different. It's gonna still have all the skills on how to care for your loved one, but there's gonna be some more information in there and there's gonna be a completely different ending with a very special announcement. So make sure you join. The link is below August 24th, 7:00 PM and please share with your friends. Welcome to this episode of Ask a Death Doula. I want to share with you my gratitude. I have overwhelmed with gratitude, love, and excitement, and I am so happy to be doing this podcast where we are announcing the book that we just got the deal with for the Good Death, what to Expect When Your Loved One is dying, and how to have positive end of life experiences on your own terms.

([01:13](https://www.rev.com/transcript-editor/shared/sorExflODfFfUgUWLBVV4s7rMOyZ0WIEMqznR6BwxdO_AKqoexRdlXOgz_sigjM7aHi_UNHCPZCl1jhjc_QxPm_2owY?loadFrom=DocumentDeeplink&ts=73.32)):

This is something that we have been working on, I wanna say, I really wanna say it's been two years, but it's like a year and a half, maybe even two years from the time that is its inception. So in that space, and I wanna take you on the journey, I wanna take you behind the scenes of how this book came to the place of being birthed, be getting a deal, what it looks like, what you can expect from it, what the intention is for it, um, because this is all for us, right? So we have been here, doula givers international, on a platform to support people with having that good end of life with free education and whatever we can do to make that happen. And so the book is another avenue to do that, and it's been an incredible journey. Um, and I really wanna share that journey with you.

([02:03](https://www.rev.com/transcript-editor/shared/CoOlqrtxXfGq43IrpgnHOI0kjoZ4lWmiMiHFcf9z6wdTFHy58lWQdBV82yZRkfQ2STzsNj2115dkfIEbIj8xtPb86m4?loadFrom=DocumentDeeplink&ts=123.66)):

So I wanna start out by saying that I started my career, so I was in nursing school, but I started my career as a nurse's aide. So I thought, and rightly so, and I think this is always the thing to do, is that it's so important for us to walk in the shoes of other supporting disciplines or really trying to understand the role, the, the vital role that each and every person plays in the work that we do. I can't do my work as a registered nurse without my amazing CNAs and, and nursing assistants. And so when I was in nursing school, I became a nursing assistant and the whole thing has been a shell shock. You know, just what the medical profession is like these days, what, what the medical staffing has to go through, and the amount of patients they have to see.

([02:59](https://www.rev.com/transcript-editor/shared/9pgn3oG_n4ABZdqNPcknvjjepg1IRJHScjWTc8lj6kDgxRz9t52zAvBUdrrZxkeqcmikrUxQHtHTNOYRhbLaUoB4fDQ?loadFrom=DocumentDeeplink&ts=179.83)):

And they can't, they have no time with any of them. It's just a terrible structured setup. And I think that we all are aware of that. But the nursing assistants, the nursing aides, CNAs, they are absolutely incredible and they have really the most touchpoint with patients. But I would be the only one in the hospital that I worked at. And if I worked on the weekend, there were sometimes that I'd be the only nursing assistant. And I remember that when people died, they would leave the bodies for me to clean up. And there were times that, you know, we couldn't get to them 'cause of all the workload for hours and hours. And right away there was just such a disconnect with people dying with nobody in the room with them, with family not there. And there's no judgment here. It's just that we're living in a very different world structured wise with our elderly, with our healthcare, with aging, with dying.

([03:57](https://www.rev.com/transcript-editor/shared/SIdyYLLaLBgGsfrLGHwzDhUbyUqNhSUxNAP92koo30olF9aLqeW6Fn8RuRxqiN2ddhhliT2_S3v0vX4Fev04c4wOjI4?loadFrom=DocumentDeeplink&ts=237.1)):

And there's a lot of it that needs to be restructured, let's just put it that way. 'cause I'm always trying to come from a positive place and not, not, well, I'm not judging anyone. I'm just saying if we don't recognize what we're doing wrong, we can't change it moving forward. So being a nursing assistant, seeing the stress that the nurses were under, but may more or less, they were just running around trying to get their medication passes in in the time that they have to, it was, it's terrible not having any time really with patients, but then for me, seeing the elderly and then being, um, left with the bodies who've, uh, died and then, you know, hours and hours later going in and, and cleaning them up and nobody being there to, to be with them at those times. So that was my initial.

([04:42](https://www.rev.com/transcript-editor/shared/n93lanz5Vn_ydGLyPSsW10R2BGkoPVqzb6NFrJjU3VLx3gUnt1R1-bYRgEwqr8yah5gdy7rqoTXVCW8KDxe0v27iHw4?loadFrom=DocumentDeeplink&ts=282.56)):

And then of course I graduated nursing school and I worked in the hospital and I was, yeah, I was really disappointed. I was discouraged. I was saddened by the bureaucracy and the things that I saw. And, and I also noticed all the elderly coming in there would be, you know, people coming in. E m s would come in all the time, bringing in elderly patients, hooked up to oxygen. They put in a room, hooked up to machines, sometimes days, weeks, sometimes they die in there. And I would notice that a lot of people, you know, didn't have anyone come visit them. And the hospital is no place that you should die in. It's just, it's not warm and comforting and it just is not where most people wanna die. And, and I agree that you really shouldn't there unless you know there's a you, there's no other place and it's, it's sudden and all that. So I couldn't believe I had went through nursing school to work with patients to make a difference, to have, you know, that opportunity to have compassion and hopefully make a difficult time in people's lives a little easier. And I wasn't able to do that. I had no time with patients. In fact, you know, every time I left the hospital, even after working a 12, 13, 14

Speaker 2 ([05:56](https://www.rev.com/transcript-editor/shared/EDC72em7EKP7EnWNAauv9v8Ykf9qu9WTbJ1WOwVe2oERejILNUPJJECCb1tDp12m7wsqfP0OeTScIq-l842kZeI_aGw?loadFrom=DocumentDeeplink&ts=356.71)):

Hour shift, I always felt like I didn't do enough. I wasn't in this room enough, I wasn't in that room enough. And every time I brought half my lunch home, sometimes probably more than half, um, because there was no time to eat it. So you're just running around and it's not how it should be. So I was really, I was really discouraged and I thought, this can't be it. This can't be, this can't be it for, for everything. And so I kept hearing this inner voice say, go to hospice, become a hospice nurse. And I didn't know where that voice was coming from because I had no end of life experience, none. And so for me to, at that point go to hospice care, I'd be leaving a job with better benefits, better pay, better hours, and going into a discipline that I had no background in.

([06:47](https://www.rev.com/transcript-editor/shared/ZXRr4k09qzCqKZ6MPFtbDceoFTnjxQyXwulTuCgl6BQS12Syvd6fHTSWeHWKNwsOVgfv2TnmJg9f2FDDrhYG3gRH88o?loadFrom=DocumentDeeplink&ts=407.21)):

But every time I heard this voice go to hospice, this feeling, I felt a connected feeling, a warmth and uh, like an expansion of my heart that I had never felt before. And so, you know, after going through nursing school and after thinking that, you know, this was gonna be the answer and I could be helping families and feel that feeling that I wanted to feel and and wasn't able to, I said, you know what? I'm just gonna see what this is because I haven't figured. And literally this is like the conversation I have myself. I haven't figured it out yet. I haven't hid it. And I know there's more in this life and I don't know what this is calling me to hospice 'cause I have no experience. But every time I think about it, my heart expands. It's like I become more alive.

([07:33](https://www.rev.com/transcript-editor/shared/liqgQZ_pGA0RlXa6Kj9eq80HC6T7RxD86GkNUKb57egjqg9j_t0Jgr-vZJi90u5zHCMmd86n1avY_7bsLFk_yc_2tjU?loadFrom=DocumentDeeplink&ts=453.83)):

So I'm just gonna trust this. I'm just gonna see what this is. And the very first day I went out to see hospice patients, I knew I was in the exact place I was supposed to be in in my life. It was like a piece of the puzzle fitting. It was like breathing air for the first time. And I said, that's how this works. And when I say this works, I mean life. So you actually have a higher guidance system that is your internal g p s. It is your north star, it is your higher self. And it'll always be directing you on your path of purpose of why you're here. And here's the thing, lots of times it will not make any sense where it's guiding you. Not analytical sense, not analytical sense, because it didn't make sense for me to go to a discipline that I had no background in to be taking a job with less money, less hours, less benefits.

([08:33](https://www.rev.com/transcript-editor/shared/ixqGwxpEIhmQZmFtgrC-jnio46_UoV52fdpa5V61XznYkKiCnPB-AWDMYsOHmeRH23Nt7zOOjroL1xVO93wmgfjSFOc?loadFrom=DocumentDeeplink&ts=513.74)):

I was a single mother. I had just bought a broken down, I say a broken down. It was a, you know, it was a very much needed in love 1861 house because that's the only house that I could afford. And I wanted to put my son in a house so he can have a dog and all the things that we wanna do. However, um, that was not, so if I was going to put it on a piece of paper and write down the positives, the negatives, of course I would never have jeopardized that job and gone to hospice. But I did anyway because, because I knew there was more, there was something there. And I said, this is how this works. This is how life works. And literally that day I said to myself, I am never gonna make another decision in my life other than what do I know?

([09:19](https://www.rev.com/transcript-editor/shared/6PgSz52TJqhdtXu_LhotnhPe6hd6cxyE2TGc_ax5l3XIDTsJwbfobOEmriL0idINMEPNYwBtgO-Gfw9nbKLgkk2eUP4?loadFrom=DocumentDeeplink&ts=559.23)):

What do I feel? Not what do I think, what do I know? What is my heart saying? Is it expanding? Do I feel excited about it? And it has led me on a global platform of working with people all over the world, world in global community, in one of the most beautiful spaces I could have ever imagined. And all I kept keep doing even today is just keep saying yes, yes to what the universe is putting in front of me. Yes to what my heart is saying. That's the direction I, it's actually quite liberating. I try, I really try to never figure anything out. I just show up, try and connect to my heart always, every day. And just, where is it guiding me? I mean, how freeing is that? But also how magical is that? Because it leads you on your path of your purpose of why you are here.

([10:09](https://www.rev.com/transcript-editor/shared/nnaXop3dYxQJ8JNQpyGDOLboA30BmggoA9YR8WhcGtYZ-nQSyg0OJU02tRa-2DkQ7RFA8leJiH3QAIUToR2aEBjEaRk?loadFrom=DocumentDeeplink&ts=609.9)):

Why are you here in this human body and this human experience? You're here to make a difference. You're here to make the world a better place because you're in it. And you do that by following that internal g p s, that guidance system. So with that being said, I was working for hospice and I had found it. I had, I knew that this is where I'm supposed to be. And yet, over and over and over and over again, patients were not having good end of life. And there was a few reasons why, and we'll, we'll go through some of that. So here I am working in one of the most important times in this patient and family's life. We get one shot at it, we can't get it, we can't do it over. There's no, there's no do overs here. And when it's not going well, people are suffering and they're remembering, families are remembering that forever.

([11:04](https://www.rev.com/transcript-editor/shared/egr0tDnjGbSKjOw45X7iRF0LbLPpI-A85Sl5Tjs7vqVAv68CZjO8MsYyeS82MJQk1lMC3JB-TgYp7RVFMLv0AN4s5EE?loadFrom=DocumentDeeplink&ts=664.29)):

And it doesn't need to be that way. And so I kept saying, okay, well there were a couple things that were happening. So I found my love in being a hospice nurse. And I, I knew that this is what I was gonna be an educator and end of life. That this is what I was here for, this is what I was put on the earth for. And I am totally aligned and in love and committed with everything that I have in my being to show up for this calling for what, what I'm here for. And after about a year and a half or so, I knew that to be a better end of life nurse, I should go back and become an oncology nurse and see what people go through before they actually get to hospice. And and I did. And I did. And I'll tell you that that was a huge eye-opener on many different levels.

([11:59](https://www.rev.com/transcript-editor/shared/WhgESt0Dk1L2sfGlmRRtvZJ0RckR1xtq87MGMYXHXTvJtytqF45FtNOx1YayiS1QalUQXkZB9PU70RFILbn9mmyTOjo?loadFrom=DocumentDeeplink&ts=719.14)):

Um, and then I went back and became a hospice nurse again. So hospice, then I went to oncology, then I went back to hospice. And that was really my plan. But still, the end of life's were not going well. And I wanna tell you this, I've been honored and blessed to be with over a thousand people at the end of life. And I can say that most end of lifes did not go as well. And that's putting it really, really gently. Did not have a good death, did not go as well as they could have and some by a long shot. So what are the elements? What are the elements that are making end of life so challenging right now? Why are we having really challenging end of lives? There's a few reasons. Number one, over the last a hundred years, our life expectancy has almost doubled.

([12:46](https://www.rev.com/transcript-editor/shared/rk1GVKVKKPryDJhHBzY_EeXFOdpIQKcdWbMR5wdTEYuNhLtL-JDxVgwcIYqAJzb-9SPxErgZEv0-D6QHg2jJqWORyIU?loadFrom=DocumentDeeplink&ts=766.13)):

So it went from 46 to 80 81, but we've removed death from our knowledge base, our awareness. You know, a hundred years ago, a grandmother used to teach the skill of how to care for somebody at the end of life to a grandchild. People died at home, they were cared for at home, they were viewed at home. They had the viewing at home in the parlor rooms, right? So the living room is called the living room because when people would come to the house to pay respects to the deceased, they would congregate in what's called the living room before they went into pay respects to the person that's laid out in the parlor. So that's a fun fact of end of life. So we've removed seeing it, our life expectancy has has grown, but also we've made medical advances and we've made medical advances. And that's a great thing.

([13:38](https://www.rev.com/transcript-editor/shared/AlsI57-ohtuYoC7evRjgZrxThvhyWbA3jzQWswyA_mv24A_bc3WoJ-Fux1KnFbP6mz6h5AQO6w9SXj0vSh2Q4kKVHnk?loadFrom=DocumentDeeplink&ts=818.68)):

But it's also, there's always, there's always that fine line, right? Between using something and allowing it to get outta control and use you or, you know, somehow turning into something that's not what the good that it could be intended for. So there's a fine line and that fine line is really quality of life. So quality of life is a subjective decision that you and I have to make on our own to say, when is there a time in my life's journey that I would not want my life extended by artificial means because I have no quality? So I'll give you an example. If somebody has a disease process or something that happens where they can't speak or recognize you or do anything for themselves, what's called, um, activities of daily living and they're totally dependent on other people, it's that quality of life to you, you can decide it's not for me far from it.

([14:41](https://www.rev.com/transcript-editor/shared/PRsoLhqf8k7cHjKwyHMksE4sHT02zliRYrAE-3JwzRJhkjZTb23Are48Nm8RGShR6nRisvplvMlylugkZjRspvqXz94?loadFrom=DocumentDeeplink&ts=881.47)):

And I would not want a breathing tube or a feeding tube or artificial means, or even even somebody putting a spoon to my mouth to keep me alive. And let me explain that part with, with Alzheimer's and dementia and things that are in that sphere. There's a reflex that people have. And lets, this is something for people to decide before they ever get there. But there's a reflex that people have. And we can keep people alive by feeding them. They can stay alive for 10 years longer with, without talking, without being able to do anything for themselves. If we continue to spoonfeed them and they are gonna open their mouth and have that reflex and, and eat and swallow and be kept alive. Unless, unless we talk about that with our loved ones ahead of time and make that clear that that's not something that we would want.

([15:34](https://www.rev.com/transcript-editor/shared/Hz_3Yc4agALHN4BqXM__nEoo0O9ltw3vaR5z0Ra2-Jj52uPywS4Xr7D8UiGReSPw6Ba0KjgdoRCpox5gK2S_tctkLCk?loadFrom=DocumentDeeplink&ts=934.82)):

So that is a part of advanced care planning that needs to be discussed while you're of sound mind with your loved ones to, to explain what quality of life is in those extreme circumstances. And when you wanna, wouldn't wanna be kept alive through those means, or more commonly through what you call life support or ave ventilator breathing tube or a feeding tube. And so we need to think about what quality of life is because when we have trained our doctors and we've made medical advances, and that's so exciting. But in medical school today, for the most part, doctors are taught how to keep people alive. And we know how to do that. We can do that really well. We have the capability, but keeping people alive and living our two very different things. And that's for you and I to decide subjectively, okay?

([16:33](https://www.rev.com/transcript-editor/shared/tocRaJ6zHIQ8bJQPUPD2Xitqx8ZcpmBQjUKTpxZPR7i4EjhoLvQKT_sfgMoxCrq9rQx_7jQUzhlIaKiMPKUDyQWHG7A?loadFrom=DocumentDeeplink&ts=993.2)):

So we've got what's called the perfect storm aging population removal of seeing end of life removal of our elderly. They're in nursing homes or other institutions or states that, you know, have these communities that, that are supporting an elder population. So we really don't see that aging process or that end of life process as a common way like we used to. And so this thing called death is almost like it's optional because is it really real? You know, we don't see it, we don't know what it looks like yet, yet a hundred percent guaranteed it's gonna show up. So for me, as the hospice nurse, for me as the oncology nurse, most end of lifes were not going well. And I'll tell you the few reasons why. Number one, people don't know what hospice does or does not do. And hospice is a beautiful model of care, but it's dependent on the family doing 98%, 98% of the hands-on care for somebody.

Speaker 3 ([17:48](https://www.rev.com/transcript-editor/shared/E3tWNNaNpnZWjLbMfeNUieSaHNt47fWQLQFVvb9E1tDUmHTGyxIGDmmqi2amZY0_ACcXgGoyDZZXAJMkZCf4itp8WLc?loadFrom=DocumentDeeplink&ts=1068.8)):

They, at the end of life, when they don't know the first, usually they don't know the first thing about how to do that care. Death is the number one fear in the world. Here's the second reason that it's a problem today. Death is the second leading no number one fear in the world. That fear is paralyzing, that fear presents, prevents people from learning or even being present with their loved one. And the third part of that fear is that people come on hospice services very, very late in the process of an end of life. So end of life hospice support is good for six months or less if it's a, a life limiting disease process. So number one, doctors sometimes are reluctant to call it, to call it end of life because we've actually taught doctors that if somebody dies, their patient dies. They failed so many times, they wanna try this, they wanna try that, they wanna try something else, they wanna try to keep it going, keep that person going for as long as they can.

([18:46](https://www.rev.com/transcript-editor/shared/oEZkEEBNF9EEGi1h6_16sDKBeiI3NuxEkZPCVUeHXx6c8e2M1NuAPsXk76AXvfwur2ZqVoG1teaXTP1szEWrFqFpzes?loadFrom=DocumentDeeplink&ts=1126.77)):

And I'll tell you, there's a very dangerous space there. There's a very dangerous space there where we don't have quality of life. And these trying things and surgeries and treatments can be painful, can cause much more suffering for that person in that window. And then they die anyway. So we wanna be really mindful of this dangerous space of when things aren't able to be reversed anymore, that we're grasping at things and keep trying because it's that space. And it's usually because of fear and lack of planning ahead that some of the most intense suffering occurs. So what we wanna do in a loving way is bring back the natural sacred reminder that death is not a medical experience, it's a human one. And that it can go really, really well with the right education, kindness and support. Now I've had a handful of end of lifes that were just beautiful and from the minute the first one was in oncology.

([19:58](https://www.rev.com/transcript-editor/shared/WHZmHFl7ISrHqbHTIrWNc8NMeqD9SSgsermSKv_uS51d6XRVYZ1FN62wPQqjDQ8-KctL8EWj9q2jhcuUbLxxMbN_UA4?loadFrom=DocumentDeeplink&ts=1198.64)):

And it's so ironic, but it's not. 'cause the universe, once you show up for the universe, the universe is gonna show up and show you all these things to teach you and, and your path. And in oncology you have people that are, you know, new diagnosis of cancer, cancer that's spreading, dying, uh, crashing from their chemo treatments. And this particular, so all the, and it's so interesting 'cause all the rooms at the hospital look the same. But you know, you walk through that threshold of each door and there's a whole different family experience going on. 'cause endof life is unique to each and every person. And I remember this one day I had seven patients and I went inside this room and this woman, this el elder woman, she was dying, but her family was all there and they were surrounding her bed and they were holding hands and there was just this energy in that room that was so loving and just peaceful.

([20:54](https://www.rev.com/transcript-editor/shared/YTHiJWy9KDaVkJEOBkfrgRqJ8Ko7emp0vIhwzYTDIt2rFTb1uuSmX11XnP7PWQLbzuRBGZjGSO3MH_HZ03zgKQuuSPY?loadFrom=DocumentDeeplink&ts=1254.61)):

And I didn't say anything. I walked in the room doing my rounds and I just stood back and kind of watched and then quietly left the room and literally outside that hospital room and like a tear that went down my cheek. And I was like, if I was so moved by the love and the beauty and what I felt in that room. And I said to myself, literally said to myself, if people knew that, if they knew end of life could be like that, they would never be afraid. So I'm gonna teach them. That was 2009. And here we are, right today announcing the book deal the Good Death. Okay? So this is, this is exciting. This, this trajectory that we're on of bringing death back death is having a rebirth. And that was in 2009. And so there's that perfect storm. And I have to tell you that I'm dedicating this book to all of the patients and all of the families that have gone through so very much, so very much suffering how it should not have been because these are the people that we are fighting for.

([21:58](https://www.rev.com/transcript-editor/shared/6TknD8aiUDiN_kDiJFMA50vdDTyxOMCzSthUduz7-G3XsegZQ_R-ttufWuCsKSda-KggG-aRDhBLUCz0V0CiDTHwcbE?loadFrom=DocumentDeeplink&ts=1318.27)):

These are the people that we are teaching from these situations that, that shouldn't be like that. That we have to change things. We have to make sure that this doesn't happen moving forward. And it's in their honor because we are going to use those experiences, those teachings, their pain to create a different way to move forward for families. We have so many families that are having, I mean, all of us are gonna care for somebody and show up for somebody at the end of life that we love when we can put things in place to make that the supportive, educated, sacred experience it was meant to be. That can be everything between an end of life that is dignified and loving and pain-free, or one that is painful and suffering and traumatic. And, and not just for the person dying, but for the whole entire family.

([22:55](https://www.rev.com/transcript-editor/shared/Q5bZHG_tBVylkN9vmrgjC1dZRSsDBPgy0WoNc79hoqUdyj69aHAofCwmkIatRMYcztP_VN2OM8dZAf3LpspNTQwfeP4?loadFrom=DocumentDeeplink&ts=1375.57)):

And that will remember forever. And if end of life does not go well, you remember that forever. And if it does go well, you remember that forever. So for something that is a hundred percent guaranteed, don't we want to put everything and in place of what we can do so that every single family can have an opportunity to have a positive end of life and hold that in their hearts forever? Of course we do. So this is dedicated to all the patients and families that it has not gone well and the teachings that they have provided us, that we can put things change in place to move forward so we can have that beautiful end of life. So going from oncology back to hospice and then not having good end of lives, right? Still riding around not being paid after hours on the weekend trying to see families, which you're really not supposed do, by the way.

([23:45](https://www.rev.com/transcript-editor/shared/pKHQTVRhSXOdRk7bZfPoDY-NKth5PPviKf4xRdxbEO74itM4l2aSkpqSOtwGsLxq_J9GpcwWb0upQytS2x5jhDQ63o8?loadFrom=DocumentDeeplink&ts=1425.68)):

So it's okay, what are you gonna do? I mean, you know, my, my families, I had sometimes 12 families on hospice and I was there one hour once a week, one hour as a hospice nurse once a week. If that patient was what you call stable, that does not work. And I knew when I walked in that home, the stress would go down and when I'd walk out of that home in one hour's time, the stress would go back up. And I thought this is, this is cruel to expect families who are petrified to be caring for someone they love, who's dying when they don't know the first thing about how to do that. So I came up with a training. I came up with a training and I said, you know what, I've identified three phases of end of life. I know the interventions to, to use in each one of those phases.

([24:33](https://www.rev.com/transcript-editor/shared/U9Qa9UH0SPd0vPwAzQ7opcNSxf8ckI2M7SNTlM1pFs-pRfjenZupcx8JfS_ukDYRhmHt-ejeP_9B0GUO8Bf0xF331NY?loadFrom=DocumentDeeplink&ts=1473.8)):

I can infuse the teaching with bedside stories. I can share wisdom, I can share, you know, some beautiful moments at the end of life. And I went to my c e o of hospice. Well first I went to some of my first, I told some of my older hospice nurses, I've got this training, I think it's gonna work. The hospice nurse, uh, we, we are hospice nurses. We're supposed to teach the family how to do the care for their loved one at the end of life. It's not working. We're only there for an hour. People are petrified. What if you took a whole digestible full training that I put together and we taught families this beforehand. Um, in addition, somehow, this is it in chunks not putting bandaids on on our visits, but this is the whole, the whole training start to finish. And I was like, you know, I'm gonna, I'm gonna tell the, the head of the hospice, the c e o.

([25:24](https://www.rev.com/transcript-editor/shared/T6MRUFbCatdovfSaEnRDyLMuZ0VnXDGflKYP-KEGuiz6mTZ5xSvD2mVOmv8a1HXK-NBco07VAQXCLK_GNRpcm4fLC2c?loadFrom=DocumentDeeplink&ts=1524.69)):

And they're like, oh yeah. And I'm like, how should I just knock on his door? And they're like, uh, if okay, if yeah, if you think so, which was like with them telling me what you're gonna knock on the CEO's door. But here's the thing. We've gotta be standing up and advocating for patients and families. They have only one shot and it's not going well. And we're the ones, we're the medical providers. And if we can't have it go well, if we can't show up enough and give enough support when we're involved to have it go well, we've got, we've got change to make. So I knocked on his door and he's said, come on in. And I said, I, it's not going well for most of my families, nor for any most other nurses. And, and again, the per perfect storm, we're not. There we're more than an hour once a week. People come on very late. People are petrified of death. They have, they don't have the first thing about how to care for people. And he's like, yeah, and I understand all that. And I showed him the training and he said, this is great. And he said, we can't use it. I said, why? He goes, 'cause we won't get reimbursed for it. So what does that mean? We won't get paid from insurance for it. It won't be reimbursable in the system. And so finally I'd heard a couple of times

Speaker 4 ([26:43](https://www.rev.com/transcript-editor/shared/Up00zwA2geRgd9TsiK82EWqnjDY3qwtPeGh3ps5owoeW61erjF9CKbVeIUCK-Ku029JU9hDxz4JrEDgONmgNcY5_Du0?loadFrom=DocumentDeeplink&ts=1603.23)):

This reimbursement structure and I was like, well, what is the reimbursement structure? And I think at the time it was $166 a day. Hospice is paid on a daily per diem. How many ti, how many days that person's on hospice? They're, they're paid per day. And so I was like, oh, keep your money. I'm like, I'll just go teach this at the library for free on the weekend. Whoever wants to come, come. And that's what I did. And guess what happened? There was not a seat left in the, in the room. They were pulling chairs from other parts of the library. People came from everywhere. Somebody's gonna teach about end of life. We're gonna have this discussion. And I have to show you, I wanna show you a picture, uh, I'm gonna post it on my Facebook, but I also wanna show you this picture.

([27:28](https://www.rev.com/transcript-editor/shared/HIm3LJOJqCfdIspfEgffS9CGLlsgIR8rivJipY2_qWY1TTbd2UU2MuHUC-g4y54tlhICycv_qO7w9mf2x7AU3P7gI9c?loadFrom=DocumentDeeplink&ts=1648.5)):

There was a level one, the training that we do this training. And I remember there was a man who came to it and he was an older man, I think it was in probably in his late sixties. And when we go, we went around the room to, there was 50 something people in that training. And we went around the room and asked people what brought them here. And I remember him saying that his son was just diagnosed with pancreatic cancer and he wanted to learn everything he possibly could to help him. I mean, and at the end of this training, couple hours later, later, there's a picture of this man smiling, smiling. You know why? Because you learn about life with this training. You learn about end of life. But I'm telling you bedside stories, I'm telling you what patients say. I am telling you about the truth about it, which demystifies and removes the fear.

([28:25](https://www.rev.com/transcript-editor/shared/ckfc1rlhJoDwpGxLpcl8wkzUI7KYVhfwU_6wEltfAJGIU7_3GKPozdT3DjUMGPhyU8sI1vlwL4szmyXrjbqSKCv5V58?loadFrom=DocumentDeeplink&ts=1705.05)):

And there's an empowerment, a healing, an inspiration that goes along with learning the truth about end of life. So I'm gonna share that picture on social, I'm gonna make sure that I pull that up for you so you can see that. And that I think that kind of quantifies everything that we wanna do with our free trainings to empower, inspire and heal. And also with this book, the Good Death, right? So here I was, hospice said they're not gonna get reimbursed for the training. So they can't do it even though it's phenomenal. Great idea, it's gonna work, but we can't do it 'cause of money, money, money. So I'm gonna go teach you at the library. That's what I did, taught it for free today. I still do that. And that was, oh, that was like 15 years ago. And today I still do that and I do it online and I do it live. And people join us from all over the world. All over the world. It is such a beautiful experience and community. So again, I invite you to join and to come to the next one. So I, I did that, I put it online and then, and then I took a volunteer trip to Zimbabwe Africa doing hospice work. And that was in 2012.

Speaker 3 ([29:41](https://www.rev.com/transcript-editor/shared/i3b3siusqPwBXjNhWGwEbhuKrfT9zbpFDcSymMvuHAhKF0v7B4PKQFcegejc21SZes-mSUgF8Go09077HOTMeUOr43g?loadFrom=DocumentDeeplink&ts=1781.02)):

And I have to tell you that I learned so much from the nurses and social workers and people there. I learned about the power of our presence. The power of our presence being the true medicine, the best medicine we have to be giving one another at the end of life and in life. And it changed everything. It changed everything. It was just like a birthing doula. And they were training a neighbor to stay with the, the family, the person that was dying and the family and hold that space for them, hold them in that energy, guide them, let them know that what they're seeing is a natural part of the end of life. Just the unfolding of it all. And it was just so effective that that concept I brought back gave them that credit for teaching me that right in this country. And really going with that in a strong way.

([30:35](https://www.rev.com/transcript-editor/shared/zAeWBoSd_Q9hbqKNKXtIYbtPAyxE82GS6zf7Xq4BjQddNr4ox6qGI7lMPdIB4NA7KtqLAYhQ98dBqkYiV0suNt-oAJc?loadFrom=DocumentDeeplink&ts=1835.11)):

And knowing that, you know, in mainstream medical, we have so many, we have so many time restrictions and we have so many gaps. We, the last thing we offer is being able to be at the bedside for any amount of time. Your doctors are running in and out, your nurses are running in and out. And time is and presence is our best medicine. We can provide somebody, especially for end of life. You know, I think we turned end of life into a medical experience. We handed it over, we outsourced it, we gave it to the, we gave it to all the doctors in the hospitals and said fix it. And you take care of it. You know, you whatever or how the end of life is. It's not a medical experience. In fact, that's <laugh>. That is what's got us in such a bad place because if we tell doctors to fix it and we expect for them to fix it when something that can't be fixed, what if we set up ourselves for failure on their part and failure on our part?

([31:36](https://www.rev.com/transcript-editor/shared/7G-QOW5kqwJ0GQIcp9lV6KCUUkhCgs-h3lm_5_2MjbynrBtpR_yhP4nCNvCEJTM2PgUG8QzlnmrjciKewX3Pw17jOIY?loadFrom=DocumentDeeplink&ts=1896.91)):

And of course there's that suffering and false hope is the wrong word. But when you aren't honest about where we are in the human journey, you deny people the opportunity to have end of life conversations to say what they wanna say or put their things in order, which should be done way before we're, you know, sick in the hospital. But telling people the truth by the way they know there's a knowing that people have, that they're gonna have their end of life. So knowing that it didn't go well, having this level one and then coming back from Zimbabwe and writing about it and people picking it up in London and you know this now this doula because just like a birthing doula put together the doula givers end of life doula for people at the end of life as a profession. So teaching families the skills, but also having practitioners. And yes, there it was bopped all over went to London Times it got picked

Speaker 4 ([32:38](https://www.rev.com/transcript-editor/shared/DB8ne9VEmaV6Tpj9h6NXOTHgg_toQM9eADlBfc41EC4P9YIUcbXT5l222oOtk9ZDVHf3p3OhKBcJb06V4shTsoW_RRs?loadFrom=DocumentDeeplink&ts=1958.77)):

Up. People were like, that's the answer. Because within the system that's fragmented. There is no time. But if we had a non-medical holistic practitioner to be the eyes and ears for the medical person who doesn't have the time, that's the perfect support for somebody at the end of life in their family. So we're absolutely honored and global with all of our doula giver practitioners and people who've come to the training. So when I was approached to write a book, I said, there's, I, I can't even, how would I even do that? I've got semesters of the doula givers, practitioners, I do the family caregiver every month for thousands of people that come to that webinar. And then we're answering their messages, the family messages and, and doing so much all the time. I know what writing a book is like, I know how much work that is.

([33:34](https://www.rev.com/transcript-editor/shared/3EojqE2kozlIonXgs3aGUKxe-Ix7pD1pcuA1JBDEnD7otkCrIU48zRtz21PQj9amg7VrrJZAYz6cuF465ijFQSRe_QE?loadFrom=DocumentDeeplink&ts=2014.01)):

I was like, I can't even, it's, it's like a, you know, a full-time commitment. I can't even, where would I ever do that? I can't even wrap my head around that. And there was an amazing woman that I met, Rochelle Freson, who has an incredible background in work publishing and working for Hay House. And she was like, your work needs to be in a book. She's like, this is so important. And I, again, I go back to, I'll never make another decision other than what do I feel? What do I know? And I think that initial, I couldn't write a book. What am I, how where's the time? I'll never be able to do that. Yeah, it was fear. Yes, yes it was. Yes it was. And rightly so. We work very hard and we are very busy and we are very committed to our families, to patients, to the world, to do whatever we can on this platform.

([34:23](https://www.rev.com/transcript-editor/shared/vekxIOx1-ZOMB9NYxnTiqRZkd863f8uR4eweVKyjzzIqtAom40nZ52Y2JK0whyKS_8V26ArOPlP-1LzDuLBtLZ_IdoY?loadFrom=DocumentDeeplink&ts=2063.4)):

And we work tirelessly in honor. We're so honored and grateful for that. And I was worried, how could we ever commit to a book we'd have to be taking away from something else. She said, this needs to be a book because it can reach so many more people. And I said, okay. I sat with it, thought about it and I did. And I said, yes, you know what? If we could somehow get the training that we give that beautiful doula givers, family caregiver training and put it into a book, it could reach millions upon millions of people and be of service to so many more people, we're gonna do it. Okay? So there was that decision commitment.

([35:08](https://www.rev.com/transcript-editor/shared/KTlB3Y4fuldcKwIFAFAGUYz7B98uNXiTl7SyMSNrfjeRHQ6ICSdsdT-LsiX5vRIEHhVfJ3VlQxAqIkMKNyZZB_SDcAg?loadFrom=DocumentDeeplink&ts=2108.51)):

But here's the thing that I wanna say, and I have to give a shout out to Rochelle because she helped guide me on doing the proposal and making it easy. And it really, really was. We've got all the information, we've got it all. She was able to help streamline it and let me see, you know, the chapters, because she has all that background and guidance. So it really did make it and easy process. So where I was overwhelmed with the thought of writing it, when I got her to be able to work with me, I was like, this is divine intervention and amazing because now I've got somebody with so much wisdom in this space helping me to throughline it. And we did. So we got the proposal done, I had a great time doing it with her. She was just wonderful. And then she sent it out to a few agents.

([35:56](https://www.rev.com/transcript-editor/shared/xhqhMgQ3kGm9P4cIEg8lHvkmF-pgxZKokeb5EXARHCW66yDBR9TfltqUmoHKRh89fx-qX2r0UE4KVjdxJd3Pcwqvhcw?loadFrom=DocumentDeeplink&ts=2156.1)):

And so this is what I wanna say to you. The first agent called right, right away goes, I want, I need a meeting with her, with Suzanne and got on <laugh>. This is just such a sweet moment. Got on a zoom within like 24 hours and this man who was a very nice man set had my proposal right in his hand. And he said, this proposal he said is near perfection. And he said, anyone can sell this book. He said, but I wanna be the one who do, who's gonna do it? And I was like, that's that's such a compliment. That's so, that's so nice. Like, right, that's so exciting. And so I thought about it and another meeting came in and, and then I had a meeting with the agents that I ultimately, um, signed on with from Folio Agency, literary agency, Jan Bomber and Steve Troja.

([36:47](https://www.rev.com/transcript-editor/shared/weanqg4mwwrs6D6m_RZcrHvLGYfQ4JT_TtkkYT-3CX5vFgBw3XUBrp1thiTifcL-M0L1zunjDrgAGuc0wJZXSlNYmFQ?loadFrom=DocumentDeeplink&ts=2207.4)):

And I knew some people who worked with them that I highly respected. So I knew if they worked with them that they were really good. And I love the meeting. I just love the feedback that they gave me. And, and I said, yes, let's do it. Let's sign this, um, this agency deal. So we did, and then we did a few tweaks to the proposal. Um, and it was really beautiful because at one point they said, you know, I re we really feel like this is two books, this proposal. Like you have this great rich over here and you've got this great rich over here. We literally think that you've got two books that we can expand on the one and then do another one. And I was like, okay, great. I have two books, right? Um, and so then we expanded on the first one, which is what we're going to be delivering and offering and bringing to the world called The Good Death, what to Expect When Your Loved One is Dying And How to have positive end of life experiences on your own terms.

([37:48](https://www.rev.com/transcript-editor/shared/DgO9B9o5PvNlXk1kvdDPBFYHa_HfYBit3_W4BFtM2gbsQ8NsoomIC3B-9cTBGgPsRgI4eAgKOZ1V_hHVSfHVYE4KDyU?loadFrom=DocumentDeeplink&ts=2268.87)):

Yes, it's the training in the book form. So much more information in there that's absolutely wonderful. And if you've heard of the What to Expect When You're Expecting book, the book that probably everyone gets when they're pregnant or wanting to have a baby or anywhere in that area. This is the what to expect for the other end of life. This is gonna be the step by step by step guide. What do you expect when your loved one's dying? No guesswork all laid out for you. Beautiful stories. The training in the book forum. So I wanna thank obviously Steve and Jan for the guidance and then for saying that it's two books putting together the really beautiful practical

Speaker 3 ([38:35](https://www.rev.com/transcript-editor/shared/rpIcX2lvM5uIWsAVu03Rq16yRoysvSE0_IlqSLXrxxoJ-o67pswgiglkEhh5-JeP0U2syOpuKZdw0kDBS-Q88a48cbU?loadFrom=DocumentDeeplink&ts=2315.11)):

Book that this is. It's just wonderful. And then I wanna share this with you because this, this was a, a beautiful moment. So then, 'cause this was all new to me, then they do something where they say, um, okay, we're getting ready to pitch the book to publishers, right? So then they send out, I guess, you know, something to the publishers and tell them they have a book. This is what the book's about. Would you like, are you interested in this book? Would you like to have a meeting? A meeting? So they did that. We had a week that we were gonna be doing meetings and we had over, so we had 10 publisher meetings on the books, which is a lot. There's a lot of interest in this space. We know this book is so important. We know this content is so important. So there were 10 publishers that signed on for meetings, having meetings.

([39:25](https://www.rev.com/transcript-editor/shared/UPBmb6TNdqOqmkSNG9KC99Ais6ejpmeVJpCv8Z1BCwUkf6S5B-BvfzZW-Z6ALQA1szoPKy65rQcqGN4OBa7aUJQKlp0?loadFrom=DocumentDeeplink&ts=2365.4)):

They were wonderful, the conversations were great. Sometimes there were multiple people showing up to meetings from the publishing house and midway through, I think like I think maybe we were doing meetings for a week and a half because they, they kept signing on. There was an offer that came in to take what's called Take It Off the Table. And that means they're really interested and they wanna help bring this world, this book to the world. And that's what I want. I want people, I wanna work with people and align with people who get it, who understand the importance of this project and this work. And they came in and they offered, um, a publishing deal and they said, we wanna help bring this book to the world. And that is from, uh, Marissa, my editor is Marissa Vigilante and it is Little Brown Spark. And they had everyone, they were so impressive and so wonderful and so full of just ethics in my opinion.

([40:29](https://www.rev.com/transcript-editor/shared/Iep6L4IcYkcu67Ud-nKR3JBXR-IKPnDQzhJHNNxiRZfzLcYjhK7ULjHZTdY1etZEyr2y9YDg4arvDJ091fDqRaOddp8?loadFrom=DocumentDeeplink&ts=2429.98)):

And they got it. And it was really exciting on the meeting. And they said, yeah, this aligns with what we wanna do and we wanna help bring this book to the world. So it was a yes for me. So right, it is that full body. Yes. And so we are now writing this book and I'm gonna take you up, take you on this journey with me and I, I just, I could not be more humbled and honored, but also the responsibility in this space. I want you to know that I, this is my life's purpose and that I am a thousand times committed to delivering and supporting and teaching and doing whatever that I can to show up in this space so that you and your families have the most positive supported end of life experience that you ever could have. And that way, again, you can hold that in your heart forever. I know how hard this is. This is the work that I've done for over two decades. So I wanna bring you in in a minute. So I'm gonna share something with you and I wanna just tell you a little bit about where we are now. And I also wanna share with you, um, what my

Speaker 5 ([41:32](https://www.rev.com/transcript-editor/shared/lnhlLPVZataEscmdWlIL1fF93732J4G--sOGkhvEvGn2fU0yeP_Hpq1yXJCWLdlfa1QoVc568TWalP8URsOV2aO4VGU?loadFrom=DocumentDeeplink&ts=2492.68)):

Hopes are for, uh, the book and then what the future, some ideas for the future. So right now we at doula givers have a global family. And I wanna tell you some of the initiatives, what I call the doula givers global initiative. We've always been supporting underserved populations, communities, countries, uh, to have their own end of life education. We will continue to do that in a very big way. Right now we have a few initiatives that we're already working with that we have. So I wanna tell you about, um, obviously you know that I went to Zimbabwe, um, and that was incredible, all the learning that they gave me. And then in 2019, doula givers myself, went over to Thailand and did 14 trainings in the month of March in 2019, one of the best experiences of my life, one of the top experiences of my life and helping them to training, community training, medical staff, training the Buddhist monks over there that do end of life.

([42:39](https://www.rev.com/transcript-editor/shared/QdueNPwHfzfBi66VbXeyhiZIo5sR2Ld1wGxaVCwgvu09JfjVamYaiPfRYEkg09B56ps-103cgvmK5NR-9T2rUkmrPFg?loadFrom=DocumentDeeplink&ts=2559.59)):

And the doula givers training is now in the health ministry in different places. The Buddhist monks are opening their own hospice and using some of the doula givers training within that, um, that hospital as well. So there's just many things that are in action currently. And I'm gonna tell you what we're adding on Doula givers Philippines. So this is in the doula givers trainings in the nursing curriculum of the San Beta University, uh, nursing school doula givers believe. So we have been, that's been a initiative for many, many years wanting to do a doula house. And I'm gonna tell you about doula houses in a minute. My vision is that we need to bring back hospice houses where people can come, be cared for in a holistic manner, not just always in the home of people. It's not always that that's possible. It's not always that.

([43:36](https://www.rev.com/transcript-editor/shared/o7aJ5jrQBL8RTNGij4PxQQT0DkBvSqr9JbieVkb7DDKBUjxzBt3b2VBHpNQdR9PpusaR8BUyN4Hj_vwrtrEdThlAoQU?loadFrom=DocumentDeeplink&ts=2616.38)):

Um, we have a, we have about, in the United States alone, almost 18 million people that are over the age of 65 that don't have any children. So it's usually an adult child that takes care of an aging parent or dying parent. And that's not always the case. But we know it's not the case for that many. They should not have to go to a nursing home or a hospital. And doula houses can be beautiful places for families that feel overwhelmed and don't, can't do the care themselves. And so Belize might be if, if somebody doesn't beat 'em to it. But we have multiple things going in place. The doula house, the first actual doula house. So we want to not only have community, end of life doula with doula givers teachings and have certified doulas in those areas that of all, all charity scholarship from doula givers, but also develop a doula house.

([44:25](https://www.rev.com/transcript-editor/shared/L72a-gVx_MNGgIvr_zh8uhOvke62Eq5EDcdNNvkzlC2txi9On3Hbeq5hJ8xxtx5Z7JBKU26ojaggVg6x2MT5IWlS3ZM?loadFrom=DocumentDeeplink&ts=2665.73)):

So Belize is in the works Philippines, it's in the nursing school, Thailand, it's in Buddhist Monks Hospital. It's in the health ministry in different places. And we'll be going back to Thailand doing in-person as well. And then we received an email in 2020 from a woman in Ukraine. And as you can imagine, this was a highly emotional email and moment. And, um, whatever we can do to show up for the people of Ukraine and people that are suffering, we're gonna do that. And this woman writes in and she says, you know, that her country is going through war and many people are dying. And that she was wondering if there was any scholarships for doula givers to become a doula giver practitioner so she could help people in her country. And I remember the very first meeting I had with Nina, she apologized to me, we were on Zoom and she said, I have to apologize because um, I'm in the bathroom because the sirens are going off. I'm in Kyiv and the sirens are going off because the bombs are are being dropped.

([45:36](https://www.rev.com/transcript-editor/shared/1oaO4-EZLRC_WecUR5zHRUqiFxBVVvASSsQYPNterVxM-0rPCxFgmrBzbJwolfXPnMlT81bHu2zX74QK-83EDJj1rkw?loadFrom=DocumentDeeplink&ts=2736.75)):

So wherever we can show up and help communities to build resources and outreach, we're going to do that. So doula givers global initiative is in full swing and we have many other things that we're gonna be adding to it. We are going to do. Um, oh, and this picture, if you are somebody who's watching on the video, <laugh>, this is a picture in one of the hospitals in Thailand. Um, we have two new initiatives. One is Guatemala, so Guatemala's being added, um, to doula delivers global initiative and also South Africa. So those two are in the works and we'll be, we'll be adding so, so many more. So just stay tuned. And we want you to know that everything that we do that courses and things that are any of our paid programs, it always a portion of that will go to the initiatives that we have, the charities that we have, um, to help people globally around the world with being, uh, supported at the end of life and end of life doula.

([46:39](https://www.rev.com/transcript-editor/shared/9ne41eda5DTCL2bzBdlPxv3-qxjxFYrM59N8b_TtcsJUwm6a_53luS6JYKMpMGAHqSUzYf35uq3A-boAlSDPEUYpeOo?loadFrom=DocumentDeeplink&ts=2799.45)):

So the book, the Good Death, we are writing it now. It's going to have such great information for you. I just have to tell you that it's going to have trainings, it's going to have stories, it's going to have, I don't wanna give it all away. It's going to have one of the most important pieces I have to tell you right now is planning ahead. Planning ahead. In my opinion, from what I've seen, and I've seen a lot, 80 to 90% of a positive end of life depends on two things. 80 to 90%. Two things. Number one, planning ahead. Knowing your choices, knowing what the quality of life means to you and what you need to put in place at the end of life to have that go well and supported. And number two, having the basic understanding that end of life is a natural part of our journey.

([47:32](https://www.rev.com/transcript-editor/shared/Rac5ElOJcJnocnDzcDKZcIkFDgDDbaucJjgWa-_8mkSfTRVeeKgWZOx6qBamv3HN4661Kc789qzqWXo7rKkcIT5WU-U?loadFrom=DocumentDeeplink&ts=2852.44)):

And what does that look like? What is end of life care? Because, and I'm being very honest, we are all gonna be touched by end of life and we are all gonna be called to support somebody at the end of life at one point in our journey to understand the basics. Just think of that grandmother handing that skill down to the grandchild to understand what that looks like and whether or not you're really gonna be doing a lot of that care or just understanding it can help you to be grounded and present in that experience and have that last time be again as healthy a time as possible. So two things, no matter what the disease process makes end of life better by 80 to 90% planning ahead, doing your advanced directive. And what we are going to share with you about an advanced directive, in fact, I'm gonna be sharing something on that next level one family caregiver training about really the questions that you need, things you need to think about and answer in its completion for a positive planning ahead.

([48:30](https://www.rev.com/transcript-editor/shared/lGoE0ebJe8Oq7A6rWe9va4Ew6C7klUFJZTHc6DXHrpd9-7WimfAXRUXRUWAG3QAAR3OdRK1pd4uzBlPZycX1Q27HAeM?loadFrom=DocumentDeeplink&ts=2910.76)):

And then of course, the basic understanding of skills to care for somebody at the end of life. And I'm gonna promise you this, that end of life, and I know this because I've been there, I understand that it's hard, but it can also be one of the most profound, beautiful experiences of our life's journey. And there probably is no greater importance than showing up and supporting somebody in that space at the end of life. And to have the skills and know how to do that changes everything. So that is the book, the Good Death, what to Expect When Your Loved One's Expecting and How to Make Positive End of Life experiences on your own terms. And of course, join me in the live training coming up. It's gonna be so exciting. We have global initiatives, we are a global family. And again, on that next training, the link is below.

([49:25](https://www.rev.com/transcript-editor/shared/OHsOyeLA8VBuSkxf0owLFOAArITr6_COctW0r1JXmrPlwyPWtBMc4iEy_DGy_TJB8w6gnk0o2rWk_mTy79-86Phm9D8?loadFrom=DocumentDeeplink&ts=2965.3)):

I'm gonna be announcing something brand new that is so exciting that everyone can be a part of. So please share with your friends. Please sign up and join us. I love you so very much. And thank you for letting me share the background of the book, the Good Death. If you have any questions, leave them below. I'm gonna do my best to answer each and every one of them. I love you so very much everyone, have a beautiful rest of your day and I will see you in the next episode of Ask a Death Doula. Bye everybody.