

## Podcast 348 Gannon Connolly Transcript

Karen Wyatt: Today, I am so fortunate to have two guests on the podcast: Maggie Gannon and Heidi Connolly. So I'll tell you a little bit more about each of them. Maggie is a board certified Adult Gerontology Clinical Nurse Specialist who has focused during her 29 year career on leadership program development and patient safety initiatives in both the inpatient and outpatient settings. Based on her decades of professional experience, Maggie most recently created an end-of-life care planning technology to help palliative care and hospice teams increase quality of life and improve patient experience called My Living Obituary, which is what we'll be talking all about today. And you can learn more at the website <http://mylivingobituary.com>. And Heidi Connolly is an author, musician, intuitive coach, and medium who helps her clients reconnect with their highest selves and recognize that all of us are “angels on vacation.” She is the author of three books, including her most recent, The Gateway Cafe. She also offers writing and editing services for obituaries, eulogies, and Living Letters. And Heidi's an affiliate partner for My Living Obituary, and she assists people with writing their obituaries there. Heidi has been a guest on the podcast twice in the past - I can't believe this is our third time, Heidi - and so I'm happy to welcome her back again to share in this conversation about legacy therapy for patients at the end of life. So you can find out about Heidi's obituary services at <http://theobitwriter.net> and about the rest of her work at <http://HeidiConnolly.com>. So Maggie and Heidi, welcome. Thanks for joining me today.

Maggie Gannon: Thank you, Karen. It's a privilege and it's a pleasure to be here.

Heidi Connolly: Always.

Karen Wyatt: Yeah, well it's really fun to talk to you too because you have something rather unique to discuss that I haven't really done much on this podcast about before in terms of obituary writing, but more specifically legacy therapy. And as we get started, Maggie, I wanted to ask if you would just tell our listeners, what is legacy therapy to begin with and then “digital” legacy therapy that you are offering?

Maggie Gannon: Sure, well, Karen legacy or dignity therapy is an evidence-based psychotherapeutic intervention that was created by a doctor out of Canada. His name is Dr. Harvey Chochinov, and I think I just slaughtered his name. Forgive me Dr. Chochinov! So in the early 2000's, he worked with palliative care and hospice patients and he was really interested in how to increase quality of life with patients as they navigated their last chapter in life. So he developed a protocol where the care team performs psychotherapeutic interventions at the bedside that assists patients to accept and navigate the approach of end-of-life. And the whole therapy is grounded in remembering who one is and conserving their sense of self or dignity because, as people age, they tend to become sick or they're diagnosed with chronic illness. Sometimes they have pain and they sort of forget who they are, they lose their sense of self. So, through this therapy at the bedside, patients are reminded about how much their life had meaning and purpose. And when they do this intervention with clinicians at the bedside, it helps to increase

their quality of life, decrease symptoms of pain and things like that. This is done where they do a life review. So the clinician at the bedside runs through a series of questions with the patient and the patient chooses the questions that resonate the most with them. And then they write about it and reflect, and it's a really great intervention for anybody in the inpatient or outpatient setting who's in palliative care or hospice care.

Karen Wyatt: Well I love it that your work is based on - I'll call him Dr. Harvey C. since I don't want to try to pronounce his last name either - but his work. Because several years ago, I did a talk on dignity at the end of life. And so I read all of his research extensively, and I was so touched and so impressed with the amount of time and care that he put into working with patients. And then also that he concluded and demonstrated what many of us know intuitively with patients: that they need to find meaning in life and in their dying process, but that he was able to state it just so clearly through his research and validate it. That is beautiful. So I'm just thrilled that your work is based on all of his research.

Maggie Gannon: Yeah, it's thoughtful and it's based on evidence-based practice. So there's clinical support for clinicians to use that shows that it really does work. He started... I think he wrote his first article in 2002. And since then, there's been almost 500 evidence-based research articles to support his work.

Karen Wyatt: Well, Maggie, tell us a little bit more about yourself and what inspired you to get involved in legacy therapy and to do what you're doing now.

Maggie Gannon: Okay, well, I became involved with legacy therapy for both professional and personal reasons. Professionally, throughout the majority of my career, I took care of head and neck cancer patients. And I know what it looks like to die well and I know what it looks like when patients didn't die well. And despite advances in modern day technology, I witnessed countless patients and family members suffer because the resources to support families and patients were inadequate. You know, clinicians didn't have the resources they need at the end of life to do what they do so well. And at the end of the day, there was just a lot of needless suffering. So that was always resonating for me. And additionally, I guess personally, the reason that I started this platform was because my husband in 2021 was diagnosed with acute myeloid leukemia. And I was one of those people... we were those people who weren't prepared. We weren't prepared for his end of life because we were young and that wasn't supposed to happen to us. Even though we accepted that death was part of life, we were not ready for that to happen in our own life. And we had the will and trust ready to go, but his life was so much more than a piece of paper with black print on it. And that's what really got me going. I started looking into... As a clinical nurse specialist, I looked at the evidence and I came across dignity therapy because I knew, you know, just by talking with my husband... By talking with patients and having them share bits and pieces of their life with me, I could see the changes in them. I could see that, just by talking about things, they felt better inside. So this was a way for me to translate evidence at the bedside to really create a tool, not only for clinicians, but for patients to use even when they weren't in the hospital. So anybody can use this tool regardless if, you know, they've been diagnosed or not to create their living legacy.

Karen Wyatt: That's such a profound story, Maggie. You know, they say necessity is the mother of invention. But that your husband's illness was really the final impetus that made you know, personally and professionally, this is what has to happen. I need to do this. And so now you've created something that can benefit so many people.

Maggie Gannon: Thank you. And I love the fact that it can be used, not only in healthcare organizations and for patients, but it can be used for anybody who wants to do end-of-life care planning, because we get into this vicious cycle within our society where people don't talk about death. So therefore they don't prepare for it, and then they're caught like we were. We were caught off guard, and that's how people show up into palliative care and hospice organizations: not ready. Not ready because they never learned that it was okay to talk about death. So I'm hoping that this platform not only can help somebody who acutely needs it, but it can help people who are just preparing for their last chapter in life.

Karen Wyatt: And I mean this is a really good case in point that, even those of us who know a lot about death and dying, who have worked around it and been in this field sometimes are just not prepared. Because as individuals, in our personal lives, we all still tend to be a little bit in denial.

Maggie Gannon: Absolutely.

Karen Wyatt: So then Heidi, you and I have spoken before about all of your very interesting work that you've done, and I was curious about what inspired you to start writing obituaries for people and helping them write their own obituaries.

Heidi Connolly: You know, Karen, it's been such a journey for me since the death of my husband, as you know. And I guess what really just came to me when Maggie was talking... Maggie is the clinical side and she came at this both personally and clinically, right? First it was personal and then it became clinical. For me, it was also personal and then it became even more deeply personal. In other words, I come at it from the side of connecting with spirit and playing guided music and all that. But when Maggie called me, she said, "Heidi this is perfect because you're a writer too and you're right in the thick of things." And when Randy died, we weren't ready either. He had a year and a half - he was given six months. He lasted a year and a half. But still, if only we had a platform like Maggie offers, he would have loved it. He has no books of writings now that I still have, and part of the reason I wrote my books was to honor him. That's his legacy through my books. And so I know he would have done video. I know he would have put song in. I mean, he would have had Pink Floyd in there. He would have had, you know, just all the things that he wanted to talk about before he died, that he wanted to leave to me. And when I needed to write an obituary, I didn't know what to do at all. It took me about two months. I was in a town where I didn't know a lot of people. But I ended up writing something that was profoundly personal, and I don't think anyone else could really understand it. But it talked about our relationship and how unique a man that Randy was. So it meant something to me, and I realized through obituary writing, when I started to do

it with other people and for other people, that's what we need to do. Open the discussion, say this is the legacy you wanna leave, it's not about "I'm dead now." It's not about that. It is the celebration of life as you know, Karen. It's that end of life quality. And so to have that platform just gave me this great opportunity to say, I can be a catalyst. You know, I can be someone people can go to when the door was open and I wish I'd had that in my life.

Karen Wyatt: And it makes sense to me that this platform empowers people to tell their stories because I've worked with a lot of people, I think, who just didn't feel that they had a story worth telling. And they never thought that anyone would even care about their story. And so I love that it's part of legacy therapy and dignity therapy to tell everyone, "We all want to hear your story. Your story is amazing, tell everyone!" That alone is so validating.

Heidi Connolly: Yes, and to have a handle on that, to be able to do it yourself with help - I don't mean yourself alone - I mean to go in and say, "Here's what I want to say to the people, here's what I want everyone to know. I can express myself." And you know, all that is just this perfect venue for that and it's so important. Everyone has a story. Everyone.

Karen Wyatt: Yes, well I'll tell you that this touches me personally because my mom before she died kept telling me, "I have so many stories I want to tell and I don't know how to do it. I don't know how to tell them." And I had met a woman who was helping people write their own personal stories, and so I hired her to help my mom tell her stories and write her stories as a Christmas gift for my mom. However, mom got too sick. She was too sick to do it, and she ended up dying early in January. I gave it to her for Christmas but it was too late, which will always of course haunt me, you know. And I feel the pain of that. It was too late for my mom to tell those stories she wanted to tell. But that makes me feel passionate for other people and realize that this is a tremendous gift, but it shouldn't just be given at the very, very end of life. Like we can give this to people earlier in life to make sure that they're recording the stories and telling them.

Heidi Connolly: It's so important. My sister actually recorded my grandmother a few times and we all thought, oh this is just so uncomfortable, isn't it? But we have these recordings of her, these videos when she was 93 and we love them. We watched them over and over and over.

Karen Wyatt: And Maggie, I know that this kind of legacy therapy, narrative therapy has been shown to help with quality of life for patients. Are there any statistics or more information about that that you could give us around quality of life?

Maggie Gannon: Well from the studies that I've looked at, I think there was a systematic review and it showed that, at least with the quality of life, it improved between 60-80%. Actually, I have a little article that I can pull up here. There was an article with the American Psychological Association in 2019, and they looked at the myriad of effects of dignity legacy therapy and treating major depression. So there was a trial with 100

terminally ill patients, and at least 15-20% of all terminally ill patients are chronically depressed or clinically depressed. And after they went through legacy therapy, 68% reported they had improved sense of purpose, post-therapy intervention, which is significant. And I found it was even more significant that their family said... 81% of family members said that they benefited from the therapy, too. And that's where there's so many wonderful outcomes from performing a life review with somebody, regardless if they're sick or healthy in the clinic environment. It's a drug free way that increases quality of life. And that's huge right now with the opioid epidemic and you know, who wants to be completely out of it during their last stage of life? I mean, if they're in pain, why not do something that's going to give them hope and comfort and take their pain away? I mean, it's remarkable. It decreased other symptoms of anxiety. It increased that care tenor at the bedside, between the patient, the social worker, the nurse, the volunteer, anybody that comes in to talk with the patient. They're talking about something that's meaningful. And as a nurse, you know - anybody in medicine, really - we want to help people. So how wonderful is it to have an intervention where we can be the best clinician we can possibly be? And you're showing up with someone and they sense that energy, that energy is going back and forth, that I want to help you. And just by listening to people, that's reflected on them - that they mean something. We're increasing their value as a human being by just holding their hand and listening to what they have to say. So even for caregiver satisfaction, this is a great benefit. And it also, you know - back to families again - there's a huge benefit in healing and closure.

And I was working with a woman about a month ago, and she grew up in the Great Depression in Chicago. And she was very stern, and she didn't share a lot of information with her family. She just kept things inside. And as she was going through these questions, it was triggering these stories that she remembered. And she was writing these things - some of the stories down - and she wrote when, I guess she was six or 7 years old, and they lost their home. And she came home from school one day, and all the belongings were out on the sidewalk. And when her son, when her son read this, he started to cry. And he said, mom, why haven't you shared this with me? It created this opportunity for healing and to learn about, again, family history that he didn't want to talk about. Everyone has certain things that they want to talk about when they die, and these questions are so wonderful because people can choose what resonates the most with them. But there's opportunities just to share this information like a family recipe, or I named my son Hank because baseball is my favorite sport and I love Hank Aaron. Or I want to tell you this now because it needs to be said. So it helps people in so many different ways. It's the little things that, you know, for generations have been handed down. They can record it, and it's not only there for their family now, but for the generation to come after that and the generation after that. It's a permanent lifeline between heaven and earth. Really there's that bridge in between and we're connecting people.

Karen Wyatt: Yeah. Oh, that's so beautiful. And one thing I want to get into is asking you about some of the questions. But I wanted to go back to quality of life for just a minute because I know that is an important indicator in hospice and palliative care and something that is being measured. And so I assume that your tool and your platform can

be really helpful for those medical teams who want to show that they are paying attention to quality of life for their patients.

Maggie Gannon: Absolutely. So, hospice and palliative care patients are one of the most vulnerable patient populations and that's because there's a lack of preparation for end-of-life. So what happens is, there's unnecessary suffering, unmet needs, and high cost of care due to discoordinated care. So it's a challenge to secure long term funding for sustainability and growth for hospice and palliative care organizations. So in response to this, the big organizations throughout the world put out a call. So national and worldwide hospice organizations say, we need more emotional and psychotherapeutic interventions to support our patients; we need more pain interventions. How are we gonna do this? So they looked at all of their career guidelines, and they looked at core components or domains of practice. And they focused on patient, caregiver, and family experience because they thought, if we can modify and manipulate these, we can increase quality of life. So what they did then was... A lot of national organizations across the country looked at that palliative care timeline, and they baked in the legacy initiative resource into the advanced admission assessment - that comprehensive admission assessment. So there's living will, power of attorney, CPR, the Five Wishes, which is different than legacy planning. And then also legacy planning and life review. So they're making that part of that timeline assessment because it's such an easy way to drive up quality of life, and we can use this platform to measure quality of life. So organizations can look at their HCAHPS scores and they can measure what quality of life actually was before they started doing legacy therapy and after. And then as their quality of life goes up, their reimbursement is also going to go up. And additionally, because they're incorporating legacy therapy during an advanced care planning conversation, they can drop a CPT code. Unfortunately - everything is not about money - but right now it is. We have to generate revenue to support our nurses, our social workers to keep doing what they do so well. So this is a really inexpensive resource for them to use to help patients at the bedside to achieve their value-based metrics to drive up quality of life and also be reimbursed.

Karen Wyatt: And so you're right, it has to be demonstrable. Like they have to be able to measure the quality of life in order to document it and put it down on paper and then get reimbursed for it. So the idea that there's a platform that assists the staff or the team to do that is really helpful because on the other hand, who has time to sit and listen to the patient's stories other than the volunteer oftentimes? And so this helps the staff members make time for it and really emphasize how important it is and to incorporate it into their routines.

Maggie Gannon: Yes. And you know, the neat thing about this is that this application follows the patient throughout the course of the rest of their life. So if the patient is admitted in an inpatient setting and they get discharged to go home, the provider or the social worker who visits the patient in the home setting can pull up the platform anywhere and continue to help them. Family members can help too. So, you know, this can also be something that we can read to the patients before they're discharged. But we can also look at the family and say, you know what you guys, if you want to modify this

and continue to build this legacy, you have access to this site. You can edit this as you go. And the neat thing too is, you know, you mentioned your mom's story - and thank you for sharing that. Oftentimes when people are admitted to palliative care or hospice, they don't have a lot of time. So as a clinician at the bedside, we have to make that clinical judgment to say, well, can Grandma Smith do this? You know, is she coherent enough or is there a family member that wants to help too? And oftentimes there's that nervous family member who needs a project. So they love this opportunity to jump in and to help. So it's really a project that, you know, the patient can involve the entire family in if they so choose to.

Karen Wyatt: That's really nice. Well Maggie, would you tell us some of the questions? And then I'm curious, from Heidi, how you might use those questions in helping that person write their story or write an obituary?

Maggie Gannon: So on our platform, we have a, it's called a life review kiosk. And regardless if you're just a user, if you're somebody who's planning for end-of-life, or you're on the platform for your organization, you would go to the life review kiosk and there are seven different categories. So there's questions about life's meaning and purpose. And you can click on it, and there will be questions like: tell me about the most meaningful moment in your life; what was your most meaningful memory? What were some of the best lessons you ever learned? And then there's other categories: family and ancestry, hobbies and sports. There's seven different categories that patients can click on. And what we've been doing in the clinic environment is, we were handing out the life review questions or prompts to the patient upon admission. So they're looking at this, and when we say to the patient, you know, you don't have to speak to this now, but I'm going to come back and you can kind of pick and choose which questions that resonate with you and then we can start talking about it.

Karen Wyatt: So that's nice. So they have time to think about it.

Maggie Gannon: Well depending on where they are - and hopefully they can start this upon day one in palliative care and that this follows them throughout. But again, if they don't have a lot of time or if they're in too much pain, their family members can always help too. But at the end of the day, the patient will always have a choice if they want to participate in it.

Karen Wyatt: And so Heidi, do you use the same questions when you're helping someone write their stories?

Heidi Connolly: So interesting. The first thing I did - and this was several years ago before I became part of the professional obituary writing society and all that. And people always say, wasn't it morbid? And I find it exactly the opposite. It's not morbid at all. I did what I call the Living Legacy Workshop, and so many people came. It was amazing, and it was because they wanted to know what to do. And they, you know, people are squirrely about writing, so I reassure them that it's not really necessary to know how to write - it's just to have a format. So the questions are similar. Maggie and I put together a

whole mess of questions that people can use, and my tips start with: just get started. You know, every story has a good hook, every movie has a good hook. So for me, if I were writing about my grandmother, let's say, an opener would be: my grandmother was tiny as a bird, but she had, her voice was the roar of a lion. And she was. She was 90lbs and when she spoke, you know, people would just back away. She was amazing. Or for me, I might say I'm such a bad cook; it was amazing that my father was a chef. That is not true, but something like that. You know, something unusual, something that really represents me as a human being, as a person. And then I encourage people to get really specific. Just start making lists, drafts. You know, what sports, what awards, what nicknames do you have? What skills, what hobbies, physical characteristics? Nothing is too big or too small. When you have such a platform... You know, in the newspaper, you'd get just 100 words or something to write about someone. In Maggie's platform, we get this huge opportunity to do whatever we want, as much as we want. So the specifics can just be numerous, right? And then to finish all this up, you just tie it up with a bow. And I know that Maggie's platform will have media opportunities. So you could add the lyrics to a song. You could have your favorite poem read, and it could be by, you know, your son or daughter or someone you love. A statement that says, you know, what a legacy, what a life I've lived. You know, every minute of it. There are just so many ways that people can express themselves, and all they need is a few tips. And of course, naturally, if they need help, that's what I'm the affiliate for. I'm the resource. Come to me. I'll be glad to help you. You could take a workshop, whatever you need. Self-pen, which means writing it for yourself, or for someone else that you love.

Karen Wyatt: Mm I love that, and I'm sure that people appreciate so much having a guide through it, partly because just the very word obituary is a little intimidating I think. And so, I can imagine how wonderful that experience is.

Heidi Connolly: Well, I'll tell you when people come to a workshop, too, there's a freedom in that because you could talk to hospice people, you can talk to providers, you can talk to patients, you could talk to anyone. But in a group, they're getting information, and there is an energy of, this is more celebratory of your life. It does not have to be "poor me, I'm writing my obituary," or.. you know what I mean? Because that's how I felt when Randy died, just grief stricken. And I would have loved some lightening of that.

Karen Wyatt: Mhmm.

Maggie Gannon: Right, and that's a good point Heidi because you know, oftentimes death sneaks up and takes us by surprise. And when people are grief stricken, it's like they're hit by an elephant or a truck. And the last thing, you know - after my sister died from cancer - the last thing I could do was think about writing her obituary, you know? And like, what I was going to say at her service? I had no idea because I was so grief stricken. And this is such a wonderful... You know, to pre-plan like this and do it ahead of time unburdens family members. And it gives people peace of mind knowing that the family members are off the hook from doing this. You know, they wrote their own story, and that's... Oh, and that just reminded me of one of the other complimentary services we provide on the website - which is what I love as a provider too - is that we're putting the

patient or the user in the driver's seat during end-of-life where people don't have a lot of control. We're giving them control back, and they can actually choose who they want to share their living obituary or living legacy with. So there's a whole section where they can enter as many email addresses - from their dentist, the chiropractor, their primary, their church, their club or organization that they belong to, the rotary club, the bingo group that they went to, their alumni association. They put everybody's email address in and notify everyone. And again, to unburden family members at a time when they're totally stressed out... Like after my sister died, I was so afraid. I didn't know... I was thinking, what if I miss someone? What if I don't call someone to tell them that my sister died? And it was horrible. Well, this takes that whole scenario out of the equation.

Heidi Connolly: Exactly. Can you imagine what it would be like to be able to stand up at an end-of-life ceremony and - I have played music at a number of them - to say, here's what this person wrote. You know, I don't have to say something I've come up with. I can even read what this person wrote - the message. I mean, I can channel a message from spirit and but this is the person's own message as a human. This is their statement. This is who I was. This is what I want to say. Not "if this person were alive, this is what they'd say," right? It's so present.

Maggie Gannon: Powerful.

Heidi Connolly: Powerful, so powerful.

Karen Wyatt: Well, Maggie, would you kind of take us through the website and how it works? Like if I were signing on for the first time, what would I find there? And is it easy for people to use who maybe are not that tech savvy?

Maggie Gannon: I'm hoping it is. I've heard it's easy to use, and I've designed it in a way that it flows. So as a normal user, there's two different scenarios. One would be as a provider - care staff - through a hospice organization. They have their own platform, and I can talk about that after. But as a user - for somebody who just wants to create their own legacy - you go in and you enter the basic information, and there's seven steps. So the basic information is your name and date of birth. And then you go to the second step, and that is when somebody chooses a caretaker or executor. So after death, the executor will publish the obituary for them, and they add in the details of the funeral and the date of death. So the person will choose an executor, they enter their name and email address, and then we send an email to the executor and they accept or decline. The third step is they enter any community that they've been a part of throughout their entire life. So their hometown, where they grew up, the community they were married in, the community where they spent the golden years of their life, any meaningful community. They can write the community down and the years active there. And then they can enter their schools; grade schools, middle schools, high schools, universities, any other higher education, and the years that they went to those schools or organizations. And then the last community column is for clubs, religious organizations, any club or institution, alumni associations that they were part of. And all that information shows up in a nice chronological order on the obituary at the end. So it's really neat because again, they're

doing this life review as they're typing this in. And it's reminding them, oh my gosh, I did this and I did that. That's right. I was an amazing author, right? So it's really cool the way that it works. After they enter the communities and information, then they start to write their obituary. So there's a writing center at the bottom of the page, and you can click on examples of obituaries. Then you click on the life review kiosk, and then that takes you through those prompts. And you take this little walk down memory lane, and it helps you to recall meaningful moments in your life that you just may have forgotten about. And then in the third column, we have our obituary specialist services. So you can click on Heidi's link to either sign up for an obituary workshop and take a class or you can have Heidi write it for you, if you just don't want to do it. You can have a meaningful and... Heidi, I'm speaking for you. But Heidi has a wonderful interview process where she can find the most meaningful things that somebody would like written that reflects them. And that's what Heidi is great at. And then after they write their obituary, they get to preview it and, you know, they take a look at it, they can share it with whomever they want to. So this is their living legacy. So this is an opportunity for them to, you know, not only create the lifeline for their family for future generations, but to appreciate who they are now. I'm still living, and you know what? I've lived a great life up until now. And when I did this life review, I've had a realization that there's a few more things I want to get done. So this is a living legacy platform, and I just think that's so valuable. And that just ties into the dignity therapy because, when people do this legacy dignity therapy at the bedside, it increases their quality of life by reminding them how meaningful their life was. And it brings joy back into their life, and they have a decrease in pain. They have an increase of wanting to live longer. So it's really neat how the platform complements itself from, you know, a user platform. From somebody my age who just wants to create that living obituary to somebody who's chronically or terminally ill.

Karen Wyatt: I can see how helpful it is because - someone who's been dealing with a terminal illness for a while or has been recently diagnosed and getting all kinds of clinical testing done and treatments - their entire focus has probably been on the illness. And so their identity is: I'm a person with this illness. And they forget all these other aspects of who they are. And it's so beautiful that, through this platform, they can remember everything else that's so important about them.

Maggie Gannon: Yeah, it is a beautiful, beautiful intervention for patients. And it's a privilege to be able to make it work, to translate it from paper onto a platform where people can just... They can keep editing, they can keep going back and remembering. And then after they die, that's going to be their legacy for all the future generations to come.

Karen Wyatt: And as you said, it's so much more meaningful than I think the kind of "boilerplate" obituary that ends up in the newspaper, which we ended up doing for my mom. Because it's so expensive to put an obituary in the newspaper, we were really seriously limited on the number of words we could put. And I felt really sad because it was so truncated from what I would have wanted to write for her. So this platform is amazing, and it can be as long as you want and include as many stories as you want.

Maggie Gannon: Thank you. It is, it's true. Obituaries are so expensive and you know, you said it right. I agree with this word "boilerplate." It's just like, he was born, they lived and they died. And there's so much more to our life.

Karen Wyatt: Yeah. Isn't that sad? I was curious, Heidi. Do you find very many people who want to do all the writing themselves or are more people shy and nervous about that and asking for your help?

Heidi Connolly: That's really an interesting question. I think it's a combination. I've had people come and say, here's everything, I want you to write it. And then I take it back, and they sort of edit and go with it. And then I have other people who just have a great fear of putting words on paper, and so I interview them and guide them. It's the whole spectrum Karen, and it's just encouraging for me to be the one to say, whatever you need. It's actually like my self-publishing business because I say to people, whatever aspect you need. You know, it's being a consultant. It's saying, I don't need to do everything and I don't need to have you do it the way I want you to. Just like Maggie's site, do what you want, do it in this way. I'll help you when you need help. And you're always in the same position. I mean, you're one of the most amazing people - you both are - amazing women I've ever met. I mean you've been in this field forever. You've written beautiful books yourself. And to be of service in this way, people don't have to feel pushed. They can just feel inspired and motivated, right? And we're just there to walk beside them.

Karen Wyatt: Yeah, so beautiful.

Heidi Connolly: Sometimes people do feel more comfortable in a workshop, right?

Karen Wyatt: Yeah. So Maggie, how does this work for clinical staff - if they are the people assisting a patient with the legacy therapy - what does that look like for them?

Maggie Gannon: Well, there's a platform called an enterprise application. So each organization has their own web page and their own platform to take to the bedside to help with patients. So everybody is signed up. So any staff member can go to a patient's bedside and log on. They can either bring their laptop or they can use the patient's, whatever is available. And they essentially enter the patient, and they go through the steps just like a user would on the website. And what's different is that the clinician then is going to lead them through the life review questions. When a clinician goes to the bedside, they go to the life review kiosk and they pull up the life's meaning and purpose questions because that really is what we wanted to use - that's reflected in evidence-based practice, to kind of give this global meaning. But again, the patient is given a list of the questions in the life review kiosk, and we're going to go off, really, by anything that they choose. So either the nurse or the clinician, the social worker, they can start typing the answers or if the patient is just talking, they can kind of just type what they're saying with them at the bedside, if the patient doesn't feel like typing it. Or the patient can just start working on it themselves, and they can kind of just help them and reframe some of the questions by saying, you know... For instance, if somebody is asking about their children and they have three sons and two of the sons are hard workers - they have goals and

accomplishments- and the third son, you know, just never really wanted to work. So we kind of want to just guide them through this process. The patient wants to say, well I have a good-for-nothing son. You could take a step back and say, well if this is the last time you ever talk to your son, what are some of the things you'd like him to know? So you're kind of just using clinical judgment the same way Heidi would use if she was helping someone write their obituary or she was going to write it for them. And you're going to just help people reframe that story if they need it. And then they also would educate the family with the platform and let them know that they can have access to the platform to help their family member write this and then kind of just explain how it works.

Karen Wyatt: So very interesting that it allows the staff, any staff member it sounds like, to help the patient - anyone who has time can be there with the patient. But I like the idea that you guide the patient perhaps into viewing things through a more positive lens if possible, because I just wrote a little blog about this: the concerns I have about when people ask patients what their regrets are from life. I feel like, in some ways, it's such a negative approach. When we say, what was the goodness of your life, what are the things that gave you joy and meaning and happiness? I feel like that puts the patient in a better place of looking back on their lives.

Maggie Gannon: You know, that's a really good point. And oftentimes, when I'm speaking with clients or patients and we talk about what they're going to put in that box, and they have this life review and they look back, you know... We all probably have regrets, right? So these regrets can sometimes bubble to the surface. And people oftentimes can get really sad when they're looking at this and say, oh, I wish I would have done that. And when someone has replied - and this has happened several times, when they shared that they're feeling sad about doing this life review because they wish they would have done things differently - I kind of just remind them that, you know what? Life is filled with good decisions, poor decisions, there is pain, and there's joy. And it doesn't necessarily make anything bad if there was a regret. That's not necessarily bad - it's part of life and let's figure out how we can accept what's happened. That's huge and you know, that can be somebody's journey before they die, to find acceptance with things that may not have worked out the way they wanted to.

Karen Wyatt: Yes.

Maggie Gannon: This is powerful stuff.

Karen Wyatt: Yeah, so very true.

Heidi Connolly: We can even turn it around a little bit and say... One of the questions I like to ask is, what words of wisdom do you have? Instead of "what regret," we can turn it around to words of wisdom based on your life.

Karen Wyatt: Yes, I love that idea.

Heidi Connolly: Yes. Instead of the negative side, you know, everything has a polarity to it. And instead of talking about regret, we can talk about advice. Words of wisdom, things I want to leave you with. So the things that I learned are just the other side of regret.

Karen Wyatt: Do you have any tips to share, Heidi, when you're working with people? Say for somebody who's writing an obituary for someone else? Do you have suggestions for them about how to do that?

Heidi Connolly: You know? Honestly, Karen, it's the same. It's the same structure because you want to have a statement. Like I'd say my great grandfather... We did the twist in the living room when he was 84 before he died. That's my incredible memory of him. And so I would start with that. And there are incredible obituaries out there where you can write just an amazing thing from your memory, right? That's the way to start. So that everyone gets a feeling of who that person was that you loved and then expand, expound. Do the awards and the schools and the accomplishments and the sports, you know, but that's not really what resonates for people. What really ends up resonating - even though that's important and I think it's a great opportunity when you're not fighting with space to have all that. But in the end, what people want to know is the person, right? And so it's really the same structure.

Karen Wyatt: Yeah, yeah. So true. Well, Maggie, talk to us about what kind of feedback you've had so far about the platform. I know it's still fairly new, but what have you been hearing from people who've used it?

Maggie Gannon: Oh, thank you. I've had overwhelming feedback from people saying that, it helped me say things that I could never say before. And just, you know, the whole part about the relief of knowing that they were organized. Because a lot of people, mostly women actually in their sixties, are big users of this platform, and they love preparing everything and organizing. They're really into this, which is good because we're trying to change the perception of death in our culture, especially after Covid. This is really catching on. The days of looking at death by not looking at it, I think it's starting to dissolve a little bit. But they love the fact that they can actually be organized, say what they want to say their way, right? This is their life, their way. And one lady said, you know, everybody knows me as a teacher, or they knew me as their mother. But this is fun because I get to talk about all of me. And that just made me feel like, oh my gosh, this is so great. Because she was just so into this and was just embracing it. And she said, and I don't have to worry about people not knowing that I died. I get to notify everyone that I want to be notified.

There was a resident from one of the senior communities I was working with a couple of weeks back, and she, too, was really excited about not having to put that stress on her son and the woman who was her executor - to notify everyone after death. She goes, I was just thinking about this this morning. I didn't know how I was going to notify people. And she was so cute. She loves Carmen Miranda, and her obituary is going to be about why she wanted to be Carmen Miranda. I mean it's the cutest thing I've ever seen. And just to know that I'm making all this possible - it's such a gift. And feedback from

clinicians... You know one of the hospice nurses I was working with, she burst into tears and she said, I have been needing this for years. She said, do you know how many patients I could have helped? And that is the biggest thrill of my career - to know that I can leave a little imprint and help all of my colleagues to do what they love doing. I mean, there's no bigger privilege. There's no better compliment than being able to help people in this way through this platform.

Karen Wyatt: Wow, so beautiful. And it's so innovative, but it's also the perfect thing. And in some ways it seems so obvious - of course this is what we needed. But I think your timing is just right. People are ready for this. And so it's really filling a need and filling in a gap for clinical providers as well. So if an individual wants to create their own obituary, they can go to <http://mylivingobituary.com>, is that correct? And just sign in there? But what if an organization decides they would like to use this? How do they go about contacting you about that?

Maggie Gannon: You can email me at [Maggie@mylivingobituary.com](mailto:Maggie@mylivingobituary.com). And go to <http://mylivingobituary.com>, click on enterprise memberships or partners, and there will be a whole platform there of how to contact me, and information - how this is an evidence-based practice intervention with all the details on how it works.

Karen Wyatt: So that's great. So it is a work in progress. Like you're still adding things and growing this even as we speak. And then Heidi, it sounds like people can get in touch with you through the [mylivingobituary.com](http://mylivingobituary.com) website, but also through your website, right?

Heidi Connolly: Exactly. Exactly. And Maggie and I are doing our first zoom workshop together for an organization in Colorado next week. So I'm hoping that it will be people, individuals, their families, organizations. You know, anyone can contact us and say, we need this or that, we want to tweak this or that. And it's for 40 people or 20 people or one person. So yeah, they can go to <http://obitwriter.net> to reach me. They can go to <http://HeidiConnolly.com> and reach me that way for my different services. And I'm just so happy to help in any way I can.

Karen Wyatt: Well, it's really wonderful and I've been so excited learning about this, and then also just thinking that it not only helps individual patients, but that it's helpful to staff. And I feel like this is a key to help prevent burnout in some ways for staff when they have an easy tool to use to improve quality of life for patients. I think that's going to change everything for them, Maggie.

Maggie Gannon: Thank you Karen. And you know, I'm big on Florence Nightingale - she's my favorite nursing theorist. And she was always concerned with burnout back in the 1900's. And what she reminded her nursing students was... She said, every day you have to tune in with why nursing is your must. Why is it your must? You know, when you work with your patients at the bedside, you have to realize how powerful you are. And the normal everyday interventions mean everything with your patients. And by using tools that work, we're able to show up and suit up and do what we wanted to do and then be reminded like, oh, this is why I'm a nurse, this is why I'm a doctor. This is why I'm a

social worker. And I agree with you - I think this tool is just that. It increases that care tenor because people come in wanting to help, and the patient can sense that it all fits together nicely. And people can perform these life reviews. They write from the heart, and they have this beautiful living legacy when they're finished - the end product.

Karen Wyatt: Yeah, it's so beautiful. And Maggie and Heidi, I just want to thank both of you for taking time out today just to fill us all in on My Living Obituary. And I'm really excited to go try it for myself because I'm one of those people, I should be doing that for myself as well.

Heidi Connolly: It's funny, Karen, because you and I write and do all that stuff - I mean blogs and everything. But I'm going to go on Maggie's site, and I'm going to do it for myself because I'm trying to make it so easy on the people who are left behind.

I'm just so grateful to both of you. I mean, Maggie, this is such a brilliant thing to do. It encompasses so much. And Karen, you have just been an inspiration to me for many years, since I met you at that conference many years ago.

Karen Wyatt: Thank you. Yeah, well we're a mutual fan club here. But I'm excited to see where you go with My Living Obituary, and I think it's a much needed tool that's here at just the right time.

Maggie Gannon: Thank you.

Karen Wyatt: Yes, definitely. Well, take care of both of you. It's been really fun to talk with you.

Heidi Connolly: Thanks.

Maggie Gannon: Thank you, Karen.