

Douglas Simpson Interview

Karen Wyatt: [00:00:00] Today I'm very happy to welcome my special guest, Douglas Simpson, Doug, who is the executive director of the International End of Life Doula Association, or INELDA. Doug trained with INELDA as an end of life doula in 2018, which eventually led to the role of executive director in 2022. As a doula, he has supported family and friends through chronic disease and sudden death.

He has a heart-led approach that is rooted in listening to and respecting the autonomy of all those he supports. He believes in the value of doulas to provide equitable death care, and he advocates for doulas as an essential part of the continuum of end of life care, and [00:02:00] I'm so excited for this conversation.

And you can learn more by going to the website [INELDA.org](https://www.inelda.org), and that is I-N-E-L-D-A.org. So Doug, welcome and thanks for joining me today.

Doug Simpson: Thank you. Welcome. Thank you.

Karen Wyatt: I'm so glad. I... Looking back, I realize, gosh, I've done this 500 and some episodes and never spoken with anyone about INELDA before, and so it seems like this is a long overdue conversation, and I'm really glad it's happening today.

Doug Simpson: Yes. I appreciate the offer and the invitation to, share more about the organization and with the audience.

Karen Wyatt: Yeah. And maybe just as we get started, if there's anyone out there who has never heard of INELDA, maybe you could just briefly just talk about what INELDA is and what it is that you offer.

Doug Simpson: Sure. We're, a nonprofit that was formed in 2015, and we advocate for compassionate care, equitable care, human-centered. And we do that through, [00:03:00] educating, cultivating, and advocating. And I'm sure later in the conversation we'll get deeper into that. And since 2015, we've trained more than 10,000 doulas in every state in the United States in, within 57 countries.

The majority of the doulas we've trained have been within the United States. And so we do offer the education piece as a nonprofit. We have a membership

component as well. but starting around 2022, we really looked at our mission and vision saying, "If we're training all these doulas, where's the real impact?

We have to make a shift." And we shifted early in 2022 to start creating partnerships and try to create spaces for this care to be provided. So I, look at us as a organization where you can come and get education, you can get continuing education, and hopefully partnership and locations to provide the care.

Karen Wyatt: Wow, that's, really fantastic. And I, have to say I'm really impressed that you as the [00:04:00] executive director are a doula yourself and trained with INELDA. I think that's so important because this work, it's so specialized that someone from outside this arena would have a hard time really understanding what it's all about and may- and perhaps might not be the best leader, and that's why I think it's really great that you bring your heart and, everything you've experienced and learned into this role of leading other doulas.

So tell us a little bit more about your own journey to becoming a doula and working with INELDA.

Doug Simpson: Yes. my journey, I'll do a quick journey to how I got to INELDA, and then I can share how I became the ED on a different journey, but similar. my father, died in 2016. and then my son had a home birth in 2017.

And in that time, at my father's death, I always equate it like the [00:05:00] silence before a snowstorm. So after he, his body had been removed, my sister came to the window of the house, and I could just feel the quietness. So fast-forward to 2017 when my son is born, home birth. We lived on a corner. Lots of people on the, the streets.

it was this silence again, right? I could hear the silence. And it just... And I have a colleague that talks about this. The, in transitions from into life and into death, And I was remarkably at 12:30 in the afternoon with my son feeling that same quietness as my father's death.

And I reached out to our birth doula, who I had no idea was a death doula as well. And I asked her where she had trained. and she had said trained at INELDA. And also looking back, the day we heard our son's heartbeat, the midwife said when she was done bringing life into the world, she would sit as people w- as people died.

Those all came together. I reached out. Reached out to INELDA. This [00:06:00] must have been May of '18, 2018. And they had a June training, and

I was in it. So that, jumped right into the training, '18, and found myself In a situation where I still see learners today, right? Curious, scared, what is this about? I'm doing it for myself, I'm doing it for family, I have aging parents, I'm a caregiver.

All ... And willingness to engage, and so that's where I sat with my training. and then after the training, I reached out to the founders like, as m- a lot of people say, it's a calling or something, a place. They're like, we don't have anything right now." This was J- July probably. "Reach back out at the end of the year."

I reached back out at the end of the year, and one of the founders, co-founders said I could work at her house doing admin work and whatever. And it was one of the best, I'll get emotional, best years of my life because I did the admin stuff, but what I got and I remember was the mentorship. Because she'd been a doula for all those years.[00:07:00]

I was also doula-ing my uncle long term. So like reprocessing the conversations and having that. So as much as it was like administrative volunteer, it was so much more. And that inf- informs me on how, I look at where b- we need more than just the training. what are the steps when you come out of training?

Is it more scenarios from training? Is it one-on-one peer mentoring? Is it group peer mentoring? Is it ... Like that mentorship I think is essential. So that, that kind of drove me and drives some of my decisions today. I can fast-forward to the ED role of that, executive director role. Y-

Karen Wyatt: yeah, I just wanted to make a couple of comments. Yeah. One is that hearing you talk about that silence, the silent space- Yeah ... around death and birth, that gives me goosebumps because I totally relate to that. It's this, this sacred hush almost, and I've experienced it [00:08:00] myself. I know exactly what you're talking about.

It's really a profound time that I don't think any of us ha- we had no idea that existed until we experienced it in the moment, and that, that's really a profound calling to have that this is where, this is the space in which I wanna do work in the future.

Doug Simpson: And I would also add, as you're sharing with me The first thing that came to my mind is the other deaths in my life were all in hospitals or my grandmother.

Didn't see her at her home as she had died, but it was a funeral home. This was like the death and the birth were both in homes. And I think I wonder if that just opens- the space for presence and experiencing it.

Karen Wyatt: Ooh, yes. Yes. That makes so much sense. And I, like that you emphasize the importance of mentorship too, because when I look back at, my training in hospice to become a, hospice medical director, I was totally dependent on the nurses who were my mentors when I first [00:09:00] started.

I didn't know anything. And, having someone who's done this work for a while to look up to and learn from, it's, so valuable.

Doug Simpson: It was such a gift. such a gift, and I thank her all the time.

Karen Wyatt: Yeah. Yeah. And I think you're right. It does need to be part of everyone's educational process if we're able to provide that in some way.

Doug Simpson: Exactly. Exactly. Yeah, 'cause there's so many, as I mentioned a few minutes ago, there's so many steps, and people come out of the training, it's what's next? What's next? And that's when ... I think that's almost the most important or critical part, to move them along with, the confidence, understanding, saturation of more education, hands-on mentorship.

I think those things can exist and need to exist.

Karen Wyatt: yes. yeah, so now how did you end up becoming the executive director? Yeah.

Doug Simpson: I ... The ... My father died, going back to 16, he was diagnosed in February, with [00:10:00] cancer, and they'd given him I think 18 months, 12 months to 18 months. He died three months later in April, and I spent that time ,, I was privileged enough to be in a hospital system where we put him in a nursing home to get the 19 treatments for the cancer.

So it was all ... I was part of this big system of wave. Fast-forward to 21, the last co-founder was, opted to take more time to be with his family, and so the position was opening as executive director. At the same time, my mother-in-law at the time, had thought she had COVID, went to urgent care, quickly took her to the hospital, discovered she had this massive blockage in her heart.

and the doctor called my husband at the time and said, "Here we are." And he said, "Okay, stop. It's just not what she wants." And that was a Friday. We

brought her home on Sunday. I did all the things that I thought and I had seen [00:11:00] and, changed her whole liv- her whole bedroom around, the pictures, and we brought her home on Sunday.

and then- I, I'm not an expert, right? I'm non-medical expert, but I thought she was in active dying quickly. By Monday evening, we called hospice back, and hospice was like, "It's, probably too soon. We should come over." And they said, "No, she's in active dying." But what that did was allow me to h- talk to my husband and say, "Do you wanna be here?"

Do you want some more time?" That, that if we... He could make really deliberate decisions. We took our son in to say goodbye to her 'cause I didn't know she'd make the next day, live the next day. And I even interviewed for the, this position days after her death. But what it, reflected on was when I was caring for my dad, it was so fast and it was all about the cure and something and got in the system.

And reflecting with more education and more time and more understanding that the death [00:12:00] rattle is part, the body knows how to die. All of these things that I knew in 21 allowed me to be more present and make really conscious decisions- which then fueled the need for me to interview. I'd already been in the process, but it gave me more subsidence to talk about because then it was about the education.

The education was important, right? How do we educate? And not even ... people don't have to be doulas to be educated, right? Educating on just how death happens and the natural process. And so that really drove me, and it also drove me to think about the intersection of INELDA, of education, and systems. And so I wanted to move into this role, and grow the organization in, into the future.

So that's how I-

Karen Wyatt: got

Doug Simpson: there.

Karen Wyatt: Wow. yeah, I can see all of that. and even, and I've thought this often, that, so many people are coming up who, want to be, are inspired to want to be end of life doulas. But [00:13:00] we may have a little bit of mismatch with our society, like we're not quite ready for all of those people yet because we may not have enough people just in the general population who are

accepting and willing to talk about their own end of life and plan for it to take advantage of what doulas can offer.

And our systems are not fully set up yet to accept doulas either. So I think you're so right. We need a lot of work in all of those areas to make sure we can utilize all the doulas who are coming forward who want to do this amazing work in the world.

Doug Simpson: Agreed. Yes. I, yeah. The, and the public awareness, as you mentioned, is still a

Public awareness in general, but even when you speak to individuals within like healthcare systems, they still don't understand the role of a doula or how the doula could provide additional support. Not a replacement, but an add-on, right? In addition to the team, a complement. and so there's still a lot of, unknowns, but we're here to keep educating and talking.

Karen Wyatt: Yeah, for [00:14:00] sure. Yeah. Yeah. And that is part of the purpose for our conversation, I think too, because that's what I want to keep supporting, even for the, medical side of things, 'cause I hear it from my colleagues all the time in, even in hospice who say, "Oh, we already offer what doulas do."

But it's no you don't. And the fact that you don't know that you don't offer it, that really concerns me.

Doug Simpson: Yes. Yeah. it's, it ... And it's, there is, There's the nurses that feel like they offer the doula service or even the social workers. And and it's once again, as I said a minute ago, it's the complementing, it's the add-on.

What doulas have is doulas have time. Yes. Doulas have time to be with, where social workers, I'm sure if they had more time, they would spend, right? Or nurses, but it's not how the system is currently structured. So then there are these like presence gaps where the dying person or family, don't have somebody around that they can talk to

Karen Wyatt: It's so true.[00:15:00]

It's ... And that is a significant gap because that's usually when some sort of crisis happens at home or questions arise or there's a conflict going on or just something, and the hospice staff can't necessarily take all of that on and be

present for people in all of those situations. So they end up trying to figure things out on their own at home.

But the doula can make the whole process so much easier and smoother for the family, I think.

Doug Simpson: I agree. And the doula, having experienced several deaths, the doula, can, educate or inform that some of the stuff is not alarming, some of the stuff is expected, some of the stuff is natural.

When my dad-- When the hospice nurse left on my dad's death and right before he died, she said, "Oh, if the death rattle comes, he's probably got 24 hours." And that was like 6:00 PM I heard it, so now I'm like, "Now what do I do?" And I just kept putting I was putting liquid medication in his mouth at six hours, four hours, and two.[00:16:00]

So every so often he was getting this, and I'm like, had I known, right? Had I just known. And it's also at a very, stressful time, family's around. And so, not only is the unknown, it's the, the caring for. But, having the, you say calming presence, or I use the word presence of a doula to, to

for reassurance, for education, yeah.

Karen Wyatt: Yeah, for sure. And, it's really different even as person if you are taking care of a loved one at home. Even with doula training, it's not the same as- Yeah ... when you're a doula for someone you don't know well. I found that out taking care of my own mom and thinking, "I've worked in hospice all these years.

I know everything to do." And how often I felt I, don't know what I'm doing right now. I have no idea. I'm really wishing if only there was another person here with me, that would help me feel more stabilized and help me offload some [00:17:00] decisions. have a co-decision maker. Someone else just being there with me to share the load of that would have made a big difference.

Doug Simpson: Huge, yeah. And when I trained, the initial feedback we, we received was, doula outside of your family or circle of care, right? Because the extra dynamics of being doula in a family, right? And so Most of my work has been within the family oddly enough.

I'm like, oh, I decided to make this more complex than I need it, right? But, it's actually helped me, I think, navigate and honor some real, real personal wishes

by my, uncle. He'd shared, he sh- shared a family secret for all these years. "Oh, you can tell your mom." I'm like, "Tell my mother? I know exactly what she's gonna do with it," right?

okay, what... And then I held the information till he died, and then I shared. But, it's, it is another layer of, understanding relationship and the autonomy to the dying. what, when you, when you're in that family dynamic, 'cause [00:18:00] you know all the players,

Karen Wyatt: Yes.

Doug Simpson: Yeah.

Karen Wyatt: Yeah. Yeah, it makes me envision this time when, a lot of people will be trained to be a family doula, like to do that.

Yeah. To play, to be there with their own family and loved ones, but then also have a professional doula who can, who comes in to assist them. I just, I think that is, the best of both worlds. The family finally, someone in the family would have enough training to, to have a general idea of what to do and how to support their loved one, but also access to a professional doula who's, who helps out in those, tougher situations.

Doug Simpson: Agreed 100%. I, s- I saw it firsthand with one of my colleagues whose brother, died a sudden death, and we arrived at the home with my colleague. She's a doula, trained doula, but she was navigating her own grief with her parents, and I could then support her parents. So just exactly what you're saying, right?

It was, if she had to have all [00:19:00] that pressure and navigating with herself, sh- I took care of the parents. N- not, spent time with them, listened to them, navigated the situation where she could also navigate other parts of it. So it was a little bit of a partnership there. So I, see exactly what you're saying and, the connection.

Karen Wyatt: Yeah. Yeah. That sounds perfect. you were saying INELDA has trained over 10,000 doulas. Yes. And I'm curious about where do they end up practicing or do you... I don't know if you have statistics or ballpark figures about that.

Doug Simpson: I can share that's one real honest transparency gap that we have.

And we've trained all these doulas, but where do they actually go on to practice? where are they practicing? And so we get asked that question probably once a week or twice a month. and so we are developing, our annual practice survey of doulas so we can really understand and answer and be more educated around that.

But we d- we do know, a lot of the individuals go into, [00:20:00] private business or providing... That, that's a longer term journey, right? A lot of people come into the doula training, think they're gonna... Their, they lost their job, or even something, they're gonna... That's, that... It, there's time. There's time here and investment, and it's not necessarily as quick.

Most individuals end up in hospice as volunteers, so unpaid. Hospice uses them for their volunteer hours. there are other individuals that just provide for community, right? they wanna give back to their community. I look at our ed team of educators and their hospice nurses, palliative care nurses, medical, social workers, their clinical social workers, and they don't necessarily...

they're wearing two hats. But, this doula, once you're a doula, it's we think our doula approach, it's how you look at everything. It's how I look at being a father or a son. And, so- when they're in the, when they're, medical social workers in the hospital, even though she's acting as a social worker, our approach and her reflection is still in [00:21:00] there, right?

So it's not exactly doula care, but they're bringing these in here, or a clinical social worker who's, does pediatric oncology, right? He's in the space of grief, and how do you hold that? How do you listen? And how do you support? And so it shows up in different ways, and we... One of the evolutions of INELDA is we've tried to expand the continuum of care, right?

When I trained, it typically was towards the end of life, right? Diagnosis. And we really said that we can broaden this up. It could be doulas that could be part of attached to wills or will, planning, right? Advanced care planning. So we can talk... Whenever we talk about death or consider our mortality, I think is a place for a doula So we've

Yeah. I love that. So we have, one educator who does advanced care planning, and so I think we've tried to broaden it up and show the various, we'll say pathways to practice or pathways to care.

Karen Wyatt: I really love that. I'm trained as a family medicine [00:22:00] doctor, so more general practice.

Yeah. And I've always thought doulas belong in the primary care office side by side because so many patients there, they're facing serious illness diagnoses and they're, facing lots of transitions and changes in life and grief and losses, all, all sorts of things. They need extra support during that time, but there's no one in the office who quite has the right training to offer that, and it seems to me, wow, the doula would be such an asset if the doctor would love for their patient to fill out an advance directive but doesn't have the time to sit and talk to them and give them the information they need, to have a doula available, it would change everything.

Doug Simpson: Yeah. And, as you mentioned that, the, I've had conversations with the, funeral industry and just could doulas, be, I'm not sure of the right language, but front of house in the funeral home, right? they're used to caring and talking to families, and so are some funeral directors better [00:23:00] situated for more of the body prep? But you could have a doula embedded in the funeral home as an employee that are working with the family.

I even saw a posting recently where it was an organ donation company looking for an employee and they were, and they had posted it in a doula private group. Just looking for the skills of a doula, right? Navigating organ donation after death, and they said they, they were willing ... There's a paid position, but they were looking with doula skills.

So I think we can show up as, as a pure doula, or we can bring our doula heart or our doula body in these different situations.

Karen Wyatt: I just love that because it means, there's an entry point for so many different people- Yes ... who could become doulas. Yes. You don't have to be a kind of bedside-oriented person who wants to sit vigil with people.

There's so many things you could do as a doula and be extremely helpful.

Doug Simpson: Yes. It's actually, We've seen ... I get, I'm getting goosebumps. We, we've moved ... After [00:24:00] training, we have certification, which is now a year-long process, so it's deeper saturation and direct service and education. And, and each one of the, each one in the cohort, they create these integrating papers.

They're called integrating papers. But it's how, after this year, are they gonna go into their community or what are they gonna do? And to see the different paths people have thought of, carved out based on community, based on here, it's not just the get a diagnosis, get a doula, right? It's ... And then, and, even recently

with my sister, I had a sister die suddenly at the end of June, and I had my mother-in-law, Died just on Friday.

This idea- this idea of, sudden death that I'm really sitting with, I'm really ... Even my colleague whose brother died, I'm sitting with, how do doulas fit in here? How do doulas... And I'm preparing for my father-in-law's arrival tomorrow. I'll get emotional, but I can be present for him, right? So I can still do provide [00:25:00] doula care.

His wife, my mother-in-law, is not around anymore, but so I can look at him and support his autonomy and his decisions. And so I don't think we talk enough about, it's always, as you mentioned, six months diagnosis, but there's a lot of sudden death that happens. And so I think doulas specifically have a role to support there.

And we have to, I think as an organization, we need to carve that out or explain or help create space for dialogue around that. 'Cause it's not just the ideal prep.

Karen Wyatt: Yes, exactly. And I think that's, a really good thought as far as, the image, images that get projected out there of what is a doula.

I think it is really good to broaden that so that people can envision themselves, oh, yeah, there is a, there's a role here for me. I could fit into that even though I'm, not the same as the stereotype of what a doula is.

Doug Simpson: Yes. I agree. I agree.

Karen Wyatt: Yeah. I wanted to ask you, Sure ... [00:26:00] talked a little bit about the training and the one-year certification process.

Yeah. So what, so just tell us a little bit more. What's it like when someone signs up for training- Yeah ... and what they experience and-

Doug Simpson: Sure. And we have, we have a discovery calls twice a month. So it's our discovery call around our end of life doula training, and our training is built on a doula approach.

and we offer three end of life trainings right now. We offer the end of life training, which is 24 hours of live Zoom sessions, and then there's about 14 hours of pre-work and post-work. And so that prepares you to be a doula in the community, prepares you to, Navigate, I'll say the spectrum of doula care, right?

We talk about the spectrum and it's a really solid foundation, but it's 40 hours, right? It's the beginning. It is the beginning. And people at that point come into the training 'cause they're curious and then opt not to be doulas. Or they've come in 'cause they have loved ones they want to care for, [00:27:00] and then people continue on.

And so that's the 40 hour. We also offer a hospice doula training. So it's 25 hours, but what's different is the scenarios that we actually, navigate through in the training are, are, based in care facility. What's most important is the integration into the interdisciplinary team and the communication needed.

So it's still based on our doula approach, but specific to hospice, care facility centers, et cetera.

And then our, and our third training is a bridge training. It's 12 hours, eight hours one day, and then there's four hours of pre-work. And that is to, bridge individuals that might have trained in other organizations.

'Cause our community is based around this doula approach and how we navigate, scenarios, how we navigate our peer mentoring, how we navig- how we're in spaces together is, on this doula approach. And so in order [00:28:00] to bridge people over, into it, we offer this, this eight hours. They're also refreshers.

no one cohort is the same. And so it's also built where if you've trained with us, you get to come back at quite a discount. You can take the full 40 hours again, or the 25, or you want a refresher, come back in eight and now you're in a whole new cohort, and that experience can be completely different because one of the things that we've built is that we have our curriculum, right?

Those are our guardrails. We have a community of practice, which we believe it's been said several times. I even wrote it up this week, and death is the teacher. So we don't come in as the experts or sage of death. We come in, in this community of practice and people share, and from there we learn, and then our educators bring their lived experience.

So this combination makes every cohort differently. And then after those three, there is certification. As we know in the doula, end of life doula [00:29:00] field, there's no national certifying body. And, every training organization treats the word, certificate of completion or certification differently. we've always believed from the founder that certification required hands-on experience with

mentorship and so that is what we've, we've, leaned into and created this year-long program, which is 50 hours of direct service and 40 hours of education.

So when you come out of this additional year, it's another 90 hours of saturation. And you have- Wow ... other educators that are mentoring you through the year. And so you really get... But a lot of people stop at step one, right? And we invite people to step two. and as I mentioned the confusion, some organizations you train asynchronous online, you get a professional certificate.

Other organizations you train, they say you're certified. Other organizations have [00:30:00] proficiency badges. So it really is every organization. So my recommendation is always, as a learner or somebody looking to take a training, is understand what that language means to that organization because it's not all, it's not all being used consistently or in the same way.

Karen Wyatt: That's such a good point, and if you are an employer looking to hire doulas, y- you also need to look into that. What does it mean if someone says, "I'm certified"? What does that certification mean? Because it could be something different depending on where they trained and, who- Yeah ... they learned from.

So that's- Yeah ... that's a really important point. Yeah.

Doug Simpson: And you, you brought up as an employer looking for somebody, right? I, I'd love to share with you, one of our answers to the, need. we believe doula is a legitimate, right? We, are starting from that premise. And what we're launching, hopefully by October, November, I think it's safe to say, is a visibility structure.

So [00:31:00] there's not a doula directory out there or organization that shows what the background of the doula is, specifically around how did you enter into this field of care? Is it experienced? Is it ancestral? Is it from the family knowledge? Is it Indigenous? So y- we're gonna have badges that you're an experienced doula.

We're gonna have my path, I'm a trained doula. Or path- people went on and they were certified. And so in our structure you'll see the doula's listed as experienced, trained, or certified. Then we're gonna layer in practice badges at 100 hours or 200 or 300, and then, When you look at our directory, you'll say, "Oh, Doug is trained and he's 300 hours.

Karen's certified and she's at 1,000 hours." Or, this person's experienced. And so that gives visibility to the dying person, their family, and circle of care to say, "Do I want a doula that's just trained, or do I want somebody certified?" What it also does [00:32:00] is it takes this idea of us trying to legitimize ourselves to healthcare systems.

The healthcare system or organizations can decide what they want. They may say, "I think we only should have trained doulas at 500 hours." Because they're-- Because that's the hard part I think the systems are having, saying, what does this mean? What does this mean?" And we can say what a INELDA doula means, but if we have this we're calling it a visibility structure, and this is what a practice badge of 500 means, and this is what it means, h- hopefully that helps the individuals in the healthcare systems to say or a community.

You might just want somebody that trained to come to a community. So we're really excited about this offering that gives a lot of visibility to healthcare and to the dying and their family.

Karen Wyatt: Oh. I really love that idea- Yeah ... because I think you're exactly right when, especially approaching healthcare because of just he- healthcare, the institutionalization-

of [00:33:00] healthcare, but how people go up through the ranks and get their own certification and licenses and things. They have a high expectation of that, the credibility that comes along with that. And so like it or not, we ha- we have to match- Yeah, we do ... up to that-

Doug Simpson: Yes ...

Karen Wyatt: in a way because the, it's like speaking a different language.

They don't understand the language of doulas if they don't have some of those similar labels to look at, and I think that's really important.

Doug Simpson: Yeah. We're, it's one of the, the collaborate, collaborative efforts of the organizations, and we hear this all the time. We hear this all the time, and what can we offer, right?

And so we, now we're just, in the process of creating and how we're gonna collect information, put it out there. even just working with the funeral alliance again, right? they're regulated. They have expectations. And so they look at a

doula as, some, I think, individuals in the funeral industry are, don't want doulas involved, and some are seeing that the field is evolving.

But if we can [00:34:00] show that this doula trained here, and this doula understands scope or the, where, the role of the funeral director and the role of the doula can understand that, we can make, we can ... I think we can create lasting partnerships, right? it's not a compete. It's not a step over.

It's, there's a place for both. So- Yeah ... I'm hopeful.

Karen Wyatt: I l- I love that you're validating too experience. You're, validating the fact that there are people with an ancestral lineage or cultural family experience that is very credible, that offers a great deal. And for many people and in many communities, the neighbor down the street who- Yeah

helped a few other people in the neighborhood when they were dying is a better fit perhaps than bringing someone in that doesn't know the culture, doesn't know how this neighborhood functions together. Someone that knows everyone, has been part of these experiences. That person's a better fit as a doula perhaps [00:35:00] than s- someone with more training and mentorship and certificates.

Doug Simpson: 100%. They're part of the community, right? And they've been providing care, and they're trusted. Yes. They're trusted versus somebody brand new that's trained and only went through 40 hours, at least with INELDA. And so that's like- It's not enough, right? And I want somebody that I've seen care for the community.

I'm, with you. I'd lean to that person too.

Karen Wyatt: Yeah. Yeah. I really like this model because it feels like it's, you're covering the spectrum perhaps better than, we have before in the past. Absolutely. And that really makes sense to me.

Doug Simpson: Yes.

Karen Wyatt: So let's see. Where do you see end of life doula care going in the next five to 10 years?

It feels like we're in the midst of a transition right now. Things are changing all around us, and do you have a, a vision toward the future?

Doug Simpson: the first thing that comes to my mind is more public [00:36:00] awareness, right? We need more public awareness. So podcasts like yours, and s- the more... there was the New Yorker recently with the article.

the more public awareness, I think, is, critical. I, am hopeful there's more integration with hospice and palliative care. When I trained in '18, it was more like, don't tell them you're a doula. Go in, provide the care, and then maybe if you're there for six months or so, you might wanna say you're a doula."

Now we have hospice organizations approaching us, and we're creating ... We're taking our core training and adjusting it for their location, right? And we just have a, we have a pal- we have a partnership with an organization that's providing... They changed the name to advance illness doula.

W- And we've also gone from hospice end of life doula to just hospice doula. Advanced illness doula, right? what fits the community, and I also think the receptivity of that. So I think there'll be more, integration. I think there'll be stronger [00:37:00] research, right? To show the impact. I'm hopeful about that.

We, started a research council attached to our board. as, as you may know, when you're going to organizations, where's the impact of this, right? What are the outcomes? How are the outcomes being measured? What is also the financial impact? So I'm hopeful there'll be, m- more, more research to, to, I think, provide the, foundation for, for doulas to be more integration.

and I am hopeful that there'll be, some type of path for reimbursement, right? And we, know individuals come for this, come to this care for several reasons. Some feel, it's an obligation to give back or it's a service to give back to their community and don't charge. Others see, a value and equate the value to money, right?

And we also, doulas, we all have bills and our own income, and so we need to be, [00:38:00] we need to be compensated. And so what... And where INELDA sits is we wanna create all those partnerships. So when somebody comes in to train and provide care, they can either go be a volunteer, or they can hopefully go to this model and be paid.

And we've started working, we work with, Nielsen Ratings. They began to offer end of life doula benefits. They offered birth benefits and end of life. And so we've spent time educating their employees or their call center on what is a doula and how to look for a doula, right? So then there... So that's one way of reimbursement.

There's a beautiful organization in upstate New York that, received a grant, and then we train the doulas, and the grant funds the payment for the doulas for the community.

Karen Wyatt: Wow.

Doug Simpson: we did a doula in residency in New Mexico- and then this doula received a stipend for six months to be in, one of these Omega Network homes.

And we're testing all the different pathways. [00:39:00] So I'm optimistic there will be a, some type of reimbursement.

Karen Wyatt: I've... And that's essential. We know that's essential for the survival of the whole movement, in a way. Yes. Yes, exactly. it just has to be sustainable for people to do the work.

But I'm so glad to hear all the things that you're looking at and testing out. They all seem really hopeful to me.

Doug Simpson: Yeah, I'm very, optimistic about, The openness and it's all, I'm, where I've ... I'm learning from my colleagues is the coding with Medicaid and Medicare, where those can, what, what, can you use and what codes and who can do the...

And we're, we've, we're in some really interesting conversations, so I'm hopeful those. we've met with an insurance company a couple of years ago. They approached us about a potential offering, and we didn't since move forward. But I do think, even having a large insurance company have a conversation with us is a first step, right?

Yeah. They're seeing the need that their, [00:40:00] individuals that they're providing insurance for need this coverage. And so I think there'll be more and more of that. So I'm,

Karen Wyatt: Yeah.

Doug Simpson: That's great.

Karen Wyatt: I also really like the idea that you can tweak your training a little bit to match the needs of different organizations.

Because I, would actually love, just love to see employers offer some training, just minimal training even, around being a doula for their employees, just to help educate people about what's it like to care for someone at the end of life, what does that take? And I think it would really improve the, mental health and wellbeing of their employees to offer that.

Doug Simpson: I couldn't agree more. And the one thing I haven't shared, and if it's okay if I do, real fast, our doula approach. I said everything's built on the doula

Karen Wyatt: approach. Yeah,

Doug Simpson: and our original model was very linear, right? And, it was a beautiful model that Henry put together. you sum up in planning, you sat vigil and did light reprocessing.

But as we were re-envisioning our training in 2022, a lot of the feedback was it was a checklist. I would- didn't do doula [00:41:00] work 'cause I didn't do sum up in planning. I only sat vigil. Or people didn't feel like they were equipped or could call themselves a doula. and so we re-envisioned from all the feedback from our learners, educators that have come and gone in the organization, what do we believe, based on all this, it takes to be a doula?

And we created our doula approach. And we think principle one is self-awareness.

What do, what work do I need to do to show up in this place, right? It's ethics, it's self-reflection, it's accountability. So how do I prepare myself so when I'm sitting with somebody, it's not my, father dying, right? And how do I, and how do I process a bias or if I don't agree with somebody, right?

And the other principle is the autonomy of the dying. what's their culture? What is, what choices do they have available to them? Or what options they have, and what choices do they make, and how do you honor those? And the third principle is the dying process. Where are they, the dying process and grief.

Where are they in the dying process and loss? And this, of course, all sits on [00:42:00] the foundation of, we call it full self-listening. And so it's an iterative process where I start using, okay, I'm feeling this right now. Okay, I'm gonna do this after. We're having a conversation now. And then where, what choices are you making, your autonomy?

And there's no known diagnosis, right? So it keeps informing. It's created this framework for doulas to keep going back and repositioning themselves versus, versus very linear. And so I think we'd help people navigate. Navigate. And, 'cause sometimes in our other training we talk about this, but what do I do?

I'm, facing a situation, I go back to what I'm feeling, the autonomy here, and reinform, right? so we're, I just felt like I would share that because that's what our whole training is built on. And that, kind of I mentioned earlier, I use that approach with my kids. What am I feeling right now, right?

okay, they want a cookie, I don't. They don't want to go to bed, I want them to go to bed. What's their [00:43:00] autonomy, right? And where are we not in the dying process, but, like, where am I... Okay, then I navigate through. So I've taken this, I've moved it into other parts of my life as

Karen Wyatt: well. Wow. Wow.

Yeah. That's, fantastic. Thank you. I, love how flexible it is in a sense, and like you said, a, it's a nonlinear something you move back and forth through over and over. Cycling through- Yep ... repeating the steps. as something new comes up, as something you weren't expecting arrives at your door, you s- Exactly

you start over and go back through it. That's, really wonderful.

Doug Simpson: Yeah. Thank you. And, yeah, I just think, yeah, it's the, as you're mentioning, , it's a place to restart from, right? Or go back to. And, it also allows- the choices of the dying person to be present, right?

'Cause if we come in with our checklist or we're doing this, we could be moving people along based on what our old training was or we believe. [00:44:00] "You haven't summed up yet. We haven't done your death plan." It's like, I'm listening today, and I hear this, and so here's the path we're taking," versus being more scripted, right?

It's ... We're accompanying the dying person's journey. We're not leading it.

Karen Wyatt: Yeah. what I love about that, the autonomy of the dying person, is that the choices they make today or maybe the choices they made a few years ago when they filled out their advanced directive, everything may feel completely different to them right now.

And so we have to allow the space where they- Yes ... can rethink and regroup. Where am I today? How has my situation changed? What might look different to me than it did in the past? And being able to hold all that with them and be flexible and help them through that, that's really valuable.

Doug Simpson: Yeah. 'Cause it li- I think to your point, it gives the doula space to be with them, right?

It gives them the space to have presence and not have to have the answers, but just to be. Just to be.

Karen Wyatt: Yes. Yes. '

Doug Simpson: Cause it's not the checklist. It's not [00:45:00] something we have to get done today or move on to. it's being. Yeah.

Karen Wyatt: Yeah. Wow. I really love that. I had no idea. I'm so glad that, you talked about this- Thank you

because that's, really powerful. And like you said, it's almost like life wisdom for how we could be living life every day-

Doug Simpson: Yes ...

Karen Wyatt: and s- and solving these issues of life that trip us up sometimes.

Doug Simpson: Yeah. And we get a, we get... I get a lot of questions, oh, "Oh, Doug, you're a death doula. Hey, it must be ... Every day must be sad or this," right?

But it really has given me a perspective on I think I make personal choices quicker than I would before, right? I ... it ac- it's actually ... We sometimes we say our training transforms people to live differently and to live fully, right? Because we realize , our time is limited.

We're all gonna die. So it's not just about the end of life. It ends up being about living fully now. So it's this kind of beautiful- Yes ... juxtaposition.

Karen Wyatt: Yes. And, it brings up for me, like one of the issues that I think about [00:46:00] all the time is the massive amount of fear of death in our society and what an obstacle that is- Yeah

in the first place for people even learning what a doula is or being willing to open up to that or talking about it. And, which, I don't know exactly how we're going to make that better. I try to use hope that this podcast will put out conversations, people who do feel fear could listen to other people talking about it and maybe find some comfort or find a way in where they could begin to think about it.

But I don't know if that's anything you have thoughts about too.

Doug Simpson: as, I, as you're sharing, I, I, didn't share earlier, but we, started offering a free community call, Do I Need a Doula?

Do I need a doula, right? And so that is for... And we're finding, and we offer it once a month, and we're finding individuals, there have been individuals that are actually in the call that are dying.

there are people in the call that are [00:47:00] dying with a, a, loved one or a caregiver, and there are also people just curious. And so we love that it's once a month. We'd love to do more, but it's, but we're, getting good turnout. And we also know if you don't want to jump right to end of life doula, we offer, Living With Our Dying.

It's a workshop, a three-hour workshop, right? It's like considering your mortality. It's living with our dying, right? So it's once again, as much as we talked about the steps coming out of training into being a doula, I think there are steps Having conversations around death, what you're saying, and being more aware, right?

So if you come to any doula, that's a little more curious, right? That was interesting. I said I want to be a doula. Maybe I'll go take a workshop, living with our dying. And we can do smaller offerings.

I think as part of our roadmap. We need to do smaller offerings 'cause we have a

We touch a large population. [00:48:00] and so we ... of our population we've only ... The people that are connected to INELDA through, subscribers and newsletter, we've only trained a fifth of those.

So there's a lot of individuals that somehow are connected to INELDA and not engaging in end of life training.

However, there's other ways we could engage and I think also be of real service.

Karen Wyatt: Yes. Yes. 'Cause those people obviously they have an interest. And that, just that little seed of interest planted, and so to be able to reach out to them and meet their needs at different levels makes so much sense.

Doug Simpson: 'Cause that would expand the impact, right? Yeah. Yeah. And the idea of how do we encourage doulas? Through education and community.

Karen Wyatt: Yeah. Yeah. And I forgot when we were talking about your classes- Yeah ... I know it's a cohort that goes through together. Is that right?

People that sign up at the same time. Yeah, the training. And is it online or any in person? That

Doug Simpson: was my question. Oh, great question. Yes. We offer three online trainings a month for the, [00:49:00] for the full end of life doula training. We offer hospice quarterly online, and how we got to hospice quarterly online is we were working with hospice organizations that couldn't afford a private training.

So what a hospice organization can do is they can send one or two representatives, right? So it's a way of also spreading the word. It's not tailored to any specific hospice like a private training, but it's still very valuable information. So hospice is online. I'd be really interested to do our first hospice in person.

I would love that. our full end of life doula trainings, we do them in person now. We're offering, 10 to 12 a year in person. So we'll be in Pittsburgh in September, and then we're in Phoenix, and then we're planning out next year we're planning our first international in person next year. So we're very excited-

Karen Wyatt: Oh, wow.

Wow ...

Doug Simpson: about that. but it's really ... I learned in person. I love in person. And I just gravitate towards in person, see the real, value. But we do, when we went, when COVID happened and we went from only in person [00:50:00] to only online, I didn't know if we could create this intimacy or this trust through Zoom.

And within the first training, I was, I remember being the, the Zoom person, still learning Zoom myself, navigating, and there's things, people going in

breakouts and sharing deeply. Yeah. And so the connection was there, and it was like, oh, this is possible. This is possible. We can, connect through these instruments, right?

Karen Wyatt: Yeah. Yeah.

Doug Simpson: And COVID changed all of that long term for us.

Karen Wyatt: Yeah. yeah- Yeah ... COVID allowed all of us to recognize that maybe for the first time, oh, it does. That works. It can happen. Yes.

Doug Simpson: Yes. Yeah. Yeah.

Karen Wyatt: When we need it to.

Doug Simpson: Yes.

Karen Wyatt: But okay, that gives me so much insight into what you're offering. wow, I've just had my eyes opened here to INELDA.

I didn't know any of this. Yeah. And I'm so grateful for this chance to talk to you about it.

Doug Simpson: Yeah. And as I'm, as I mentioned, I'm grateful for the opportunity to, find another common space where we both want more people to know about- [00:51:00]

Karen Wyatt: Yeah ...

Doug Simpson: end-of-life care.

Karen Wyatt: So it sounds like if listeners out there want to get connected, they should go to INELDA.org, and they'll find what they need there?

Doug Simpson: Yep. Visit INELDA.org. There's a discovery call. They can see all the trainings listed. There's some workshops. But the website has everything. That'd be the best place to start. And if you, it's hard navigating, we have the discovery call. So come to a discovery call. They're an hour and a half. First hour is informative.

The last 30 minutes is Q&A, so we can answer your specific questions before you decide to invest in this path of a doula.

Karen Wyatt: Yeah. Yeah. that's really fantastic. I feel so excited about everything that you're doing.

Doug Simpson: Thank you. Thank you.

Karen Wyatt: And I can't wait to see what the future holds.

Doug Simpson: Yeah. Maybe I'll be back in 10 years with you.

Karen Wyatt: I know. That's what I'm thinking. Am I still gonna be doing this podcast? But- Surely you will ... I think I'll stick, I'm gonna stick around just so I can- Okay. ... I can hear the,

Doug Simpson: the- We can see our predictions came

Karen Wyatt: true or not. Yeah. Yeah, for sure. it's [00:52:00] really been a pleasure to talk to you, Doug. Thank you so much for joining me.

Doug Simpson: Wonderful. Thank you. Thank you.