



FUNERAL CONSUMERS ALLIANCE OF THE FINGER LAKES

Spring 2008 Newsletter

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Annual Meeting Announcement

Sunday, April 13, 2:00 p.m. in the auditorium at Kendal of Ithaca, 2230 N. Triphammer Rd., Ithaca
Program: "**Advance Planning for Funeral Needs**"—**information that the Alliance presents to non-member groups.**

Also, introduction of the Death Care Decisions Declaration, a useful document for those who plan ahead.

There will be a brief business session and election of officers and directors. Any member potentially interested in serving on the Board of Directors, please call the Alliance office. We will forward your name to the nominations committee. The Board has several ongoing projects that need workers. The agenda and slate of nominees will be distributed at the meeting. Nominations from the floor will also be welcome.

Funeral information organization or funeral buyers club?

How would you be affected if the FCA of the Finger Lakes were strictly a funeral information organization rather than a funeral buyers club? Equally important, what would be the potential differences for your survivors if your funeral plans were made entirely by you or them rather than being mediated by the Alliance. Here we examine the two organizational models.

The Ithaca Memorial Society was, and the FCA of the Finger Lakes still is, primarily a funeral buyers club. People have joined it to obtain funeral service contracts at discount prices, not to promote advance planning or to publicize information useful to other funeral consumers. Members choose among simple funeral plans that are specified by the Alliance and executed by participating funeral directors under terms of a contract with the Alliance. The price is determined by the contract and is shown in the current FCAFL brochure.

Lets assume you have done everything right in making funeral plans in this way. Your plans are indicated on your membership form. You have discussed them with your family, so they understand what you want and how to implement the plans. Your membership form and the current brochure are filed with your important documents where your survivors will find them quickly when the information is needed. When you die, all the survivors need do initially is call the chosen funeral home, confer with the funeral director, and pay for the type of service that you chose.

If the elements in the foregoing paragraph are all

true for you, then you can feel comfortable that your plans are in order and that your survivors will be spared tough decisions when they are potentially stressed by grief.

Now, how would your situation and the responsibilities of your survivors change if the Funeral Consumers Alliance of the Finger Lakes were to shift its emphasis from mediating funeral contracts to educating you and other consumers to be smart funeral buyers. The trend among affiliates of the national Funeral Consumers Alliance is toward the consumer information model and away from the 70-year-old buyers club model.

You could still have a detailed plan and your family could be fully informed about it. Ideally, you and your family would have formulated the plan together. It would be documented and the documents would be found quickly when needed. The funeral information model diverges from that of the buyers club in the content of the documents and the procedures by which they were obtained or created. You or your family would consult funeral price survey information available from the Funeral Consumers Alliance, then would visit at least one funeral home, receive a General Price List, identify the goods and services you want, add up the cost, and put the relevant information into your funeral plans. (It's a good idea to visit more than one funeral home because prices vary. To control costs, choose a funeral home as if you were shopping for a major appliance or insurance policy.) Funeral shopping is where the advantages of the consumer information model begin to surpass those of the buyers-club model.

Your family or survivors, by participating in your funeral shopping or seeing the results of it, will begin to become informed about funeral planning. They will come away with a head start toward making their own plans wisely and in advance. This multiplier effect in acquisition and dispersal of useful information is a significant benefit of the consumer information model.

As for your own education in funeral planning, it's true you won't need know-how and information where you are going, but your planning will ease work and stress for those you leave behind. And before you go, maybe you can steer a friend toward advance planning for funeral needs.

One more important thought. Although the managers of funeral homes hope you will pre-pay for goods and services, it is generally better to set aside funds for funeral needs in an account that you control.

Now lets check some dollar facts. If you are like 84% of FCAFL members, your plan calls for either direct cremation or donation of your body to a medical institution. When we surveyed prices on General Price Lists at area funeral homes in 2007, we found two places where the list price for direct cremation was within \$200 of the FCAFL contract price then in effect. For body donation there were four places where the list price was within \$200 of the contract price. Only at the higher priced funeral homes did contract prices mediated by the Alliance represent major savings (e.g., more than \$500). The take-home message is this. Even in the small market of the southern Finger Lakes region, where there is little competition, a person can make custom plans that control costs as well or nearly as well as “canned” plans mediated by a funeral consumer group operating under the buyers-club model. One major aim of a funeral information organization is to educate the public regarding funeral cost control. If a large number of people began making advance plans designed for cost control, high priced funeral homes would notice and begin to adjust prices downward to compete for business.

Organ and/or body donation

Members who have selected Service Type V, Donation of Body to Medical Institution, should read this, because your arrangements are not complete unless you have contacted an institution and submitted documents specifying your intent to make an anatomical donation.

Many members (about 9 percent of us) have opted to make a valuable gift to humanity by donating their bodies or organs to medical or dental schools to be used for teaching, research or transplants. This option is available to those 21 years of age or older. Arranging for such donations is easy and straightforward, but advance planning is required. In this area, places for the donation include:

Upstate Medical University in Syracuse

(www.upstate.edu/cdb/donor)

Albany Medical Center (<http://www.amc.edu/AnatomicalGift/>)

University of Rochester Medical Center (http://www.urmc.rochester.edu/smd/education/oer/forms/anatomical_gift_program/)

International Institute for the Advancement of

Medicine, Jessup, PA (<http://www.iiam.org/>)

We will consider Upstate Medical University as an example. Their website gives instructions as to the manner for donation and the services they provide, and has a section on “frequently asked questions” with complete information on the process. There is also a form available on line to use as outlined below. (Using Upstate as an example does not imply that they are the recommended institution for Alliance members, although it must be noted that transportation charges increase with distance from our area.) The other institutions have similarly helpful websites.

It is required by New York State law that the deceased be transported to the medical institution accompanied by a licensed funeral director. For Alliance members, the director represents the funeral home chosen on the membership application. Receiving institutions usually defray part or all of the cost of transportation. The Upstate Medical University, for example, will pay the funeral director \$100 plus a round-trip mileage allowance. This amount will be credited on the Alliance customer’s bill.

Donors should be aware that body parts removed for research, transplantation, or therapeutical use may be dispersed in medical commerce. After the study or other medical use of a donated body is complete, the remains are cremated at the expense of the institution. Continuing the the Upstate Medical University example, if the donor has requested it, the institution will, at no charge, return the cremains to the designated survivor or to the funeral director for burial.

Members choosing the donation option should:

- Check Service Type V, “Donation of Body to a Medical Institution” on their updated FCAFL membership form.
- Make sure you indicate the funeral home that will transport the body.
- Contact the medical center you designate to accept the body and get their application form. Return the completed and witnessed form to them.
- When they return the acceptance document to you, make copies for yourself and for those who will survive you.
- Send a copy to the Alliance. We will update our records and will send a copy of the acceptance form

The Funeral Consumers Alliance of the Finger Lakes is a public-service organization, founded as the Ithaca Memorial Society in 1958, that promotes advance planning of funeral arrangements and consumer education and protection with respect to funeral-related issues, and contracts with area funeral homes for simple, dignified, reasonably priced services for its members. Membership is free and open to all. Membership donations are requested. The FCAFL is guided by a volunteer Board of Directors. Members meet annually in April to conduct Society business. This organization is a member of the national Funeral Consumers Alliance. The Newsletter is published twice a year and is freely available.

The Board of Directors, 2007–2008: President, Wayne Sinclair; Vice President Milton Zaitlin; Secretary, Melody Johnson; Treasurer, Dominick Paolillo; David Bandler ('10); Catherine Darrow ('10). Advisors: Jean Warholic, Philip S. Winn.

to the designated funeral director.

Effective and defective advance plans for the end of life and funeral arrangements

We have been involved in the aftermath of three deaths, all unanticipated by the survivors, within the last half year. Differences in advance planning and communication of plans for these sad events provide examples of both wisdom and folly.

Family 1. A married couple of modest means and sharp minds. They were in their late sixties, their marriage in its third decade, and their children (his and hers) all living independently. Their retirement income was modest, so they lived on a budget. Planning carefully, they were able to travel throughout the U.S., towing their trailer. They acquired a used mobile home in the Southwest—a winter alternative to the eastern snow belt. Their wills were up to date and contained reciprocal provisions. His assets would become hers, and hers his. She was the designated beneficiary of his life insurance and his retirement fund. They were members of a memorial society and had made plans for direct cremation after death.

Suddenly he was gone. No warning. They had talked about their preferences for cremation and remembrance after death, so she thought first of a simple, secular celebration of his life. But his relatives would be more comfortable with a religious funeral service and burial. Knowing that he had been dear to them, and wanting to avoid offense, she arranged an interment ceremony and buried his ashes. Relatives and community members came and reminisced aloud with interesting and humorous anecdotes, and she knew she had made the right compromise. The total cost, although greater than they had envisioned, remained under \$3000.

Family 2. A married couple with assets and retirement income that put them in the upper middle class. They were in their late sixties, their marriage still in its first decade, and their children (his and hers) all living independently. Their wills were up to date and contained reciprocal provisions for all assets to go to the surviving spouse. He was in poor health—a cancer survivor with diabetes and worsening cardiovascular problems. He expected to drop dead someday, but he also knew his short-term prognosis was not good. He allowed her to live in a state of denial about it, and they did not make funeral plans.

He was scheduled for surgery that might improve the performance of his failing heart, but it was not to be. Instead he was whisked off to a medical center in congestive heart failure with pneumonia and other painful problems. He possessed advance directives that specified no heroic life-saving actions, but the papers were left at home 45 miles away. Moreover, he and she had never discussed those directives realistically. He spent nearly a month in intensive care, undergoing various procedures—some invasive and

painful—sustained most of the time by a ventilator and a feeding tube. Although often alert, he could not speak because an endotracheal tube prevented it. So he wrote.

About a week into the ordeal, he asked to be transferred to a hospice near his home. But she and his daughters believed he would survive. They said no. After three weeks he was off the ventilator, but the improvement was brief. When doctors prepared to reconnect the machine, he said “No more,” and his loved ones finally accepted his condition and his wish. After a month of torture, he was given palliative care and died peacefully.

The funeral home was an attractive place close to her home, but her treatment there caused her to call it “a dark pit.” When she questioned the need for embalming, someone told her she should buy a gasketed casket, because otherwise “it will stink.” She was not given a General Price List, as is required under federal regulations, so she didn’t know that the funeral contract was set up illegally. The order taker merely put check marks beside listed but unpriced items. The ceremonies included visiting hours, a church funeral, a motorcade to the cemetery for an interment ceremony, and a reception after return to the church. (We liked the reception, which was provided by her friends in the church.) The funeral bill was over \$7000. It would have been larger but for a son-in-law who said at one point, “You must have a less expensive casket.” Now add the cemetery expenses—about \$4000. All of this placated one of his daughters who wanted her dad to be put to rest in style. (“It’s Dad’s money.”) He hadn’t discussed his mortality or death-care preferences with them either.

It gets worse. “We talked about everything except funeral arrangements,” she said afterward. No, it turns out they hadn’t. She learned that he already owned a burial plot in another city. Then she noticed that his daughters were named as beneficiaries of a 401(k) account. She thought he had no life insurance, but then she found a policy, and it too named his daughters as beneficiaries. Those beneficiary designations predated the marriage, and he had forgotten to update them. Now her income will be smaller than they anticipated.

The message: big penalties accrue for inadequate communication, inadequate attention to financial details, disorganized filing of important documents, and lack of advance funeral planning.

Family 3. A couple in their mid-eighties, married for more than five decades, living independently and traveling often. He was an old-style pampered husband. She did the indoor domestic work; he paid little attention. They were financially comfortable and lived modestly. They had no advance plans for funeral needs, and they knew little about the subject other than what they assimilated at funeral ceremonies.

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Suddenly she was stricken and unconscious and soon was lying in a hospital emergency room. He didn't know what her medications were or where to find them at home. She had a living will, but it too was at home, its location unknown. Doctors advised that she could not survive. Neither he nor the middle-aged children knew what they must do to make funeral arrangements.

They asked us to meet with them. We sat around the kitchen table, and they learned about death-care options and decisions. They each received a sample copy of a funeral home's General Price List and learned which items are essential or nondeclinable. They learned why bundled funeral goods and services are not permitted in New York State. (Funeral "packages" include unneeded items that drive up total costs.) The next day, better prepared than they would have been, they visited a funeral home and made the arrangements, choosing direct cremation. After her death, they reported having been pleased with the way the funeral director dealt with them. He acted legally and with compassion. The kitchen-table seminar, while no substitute for advance planning, helped the family avoid some of the stress of arranging for the final disposition of their loved one.

A plug for the national Funeral Consumers Alliance

The Funeral Consumers Alliance, Inc., based in South Burlington, VT, is the organization that links over 100 memorial and funeral information societies across the U.S.A.

The national office performs many functions on behalf of affiliates and individuals—monitoring legislative developments across the country, providing a spokesperson (Executive Director Joshua Slocum) on funeral consumer issues, answering inquiries from news organizations and individuals, and advising local affiliates. If you visit the national FCA website (www.funerals.org), you will see a list of functions.

The national office provides a free on-line discussion list. To subscribe, send a blank e-mail to:
<<mailto:subscribe-deathcare@lists.listmoms.net>>

If you want more information about funeral related matters than this affiliate provides, then consider subscribing to the national FCA newsletter (\$15 annually) or becoming a *Friend* of FCA (suggested membership donation \$35). Donations to the national FCA are tax deductible. For details, visit the FCA website.