

# THE MEMORIAL SOCIETY OF NEW ENGLAND, INC.

25 Monmouth Street, Brookline, Massachusetts 02146

October, 1985

(617) 731-2073  
(24-hr. answering service)

Dear Friends:

Thank you for your gifts of last year, \$8,500. The amount you gave helped assure our on-going operation and facilitated most of our work to further the cause. Despite the fact that an additional \$3,000 was not donated by you, we were able to solicit price lists from 125 funeral homes, thanks to dedicated volunteers and staff.

Once again, I appeal to your generous giving. MSNE has over 3500 family memberships. If each would contribute annual voluntary dues MSNE could stop deficit spending and do much more for funeral reform in New England.

I am happy to announce that volunteers and staff are designing a new program which will make pre-planning simple arrangements much easier and includes anatomical donations. This new program, the first of its kind in New England, will be presented at the annual meeting.

Besides working on the new program, MNSE volunteers and staff helped plan and participated in two very important meetings held this year:

- 1.) New England Regional Meeting of Memorial Societies (held in Maine in April). Representatives from all New England states and Canada participated in this day long meeting. Keynote speakers were the President of the Memorial Association Society of Canada, Executive Director of the Continental Association of Funeral and Memorial Societies (CAFMS) and an investigator from the FTC.
- 2.) CAFMS Long Range Planning Meeting (held in Washington D.C. in June). The highlight of this meeting was a special video interview with Esther Peterson, veteran consumer advocate, who told society representatives: "Don't get frozen, get flexible...Continue to create and understand that memorial societies are part of a larger scheme of things."

Other highlights of 1984-85 were: A 30 minute Consumer Impact Show featured interviews with MSNE members and staff cablecast in Middlesex County; a Boston Herald article; mention in Money Magazine.

This year we want to launch a badly needed new program which will make pre-planning easier than before. In order to do this we will need legal services, extra postage, printed materials and more.

Our office maintenance costs continue to increase while staff salaries have been frozen for the past three years. Unfortunately, your giving has not kept pace with inflation.

So please give. If you have never given before, please give this year. The new program we develop may be the one to spare your survivors unnecessary costs and stress over your death.

Sincerely yours,

*George S. Richardson (dj)*

George S. Richardson, M.D.  
President

COME TO VASSAR COLLEGE. ATTEND THE 1986 CAFMS/BIENNIAL MEETING.

MSNE is one of over 150 societies in the U.S., all of which are members of a national organization, Continental Association of Funeral and Memorial Societies (CAFMS), in Washington D.C. Every other year, CAFMS sponsors a conference to which all members of all societies are invited.

The next CAFMS Biennial Conference will be held at Vassar College, Poughkeepsie, NY, June 18-21, 1986. Rebekah (Mrs. George S.) Richardson, a MSNE member and CAFMS Board member, is the chairperson of the Biennial Program Committee. She has been working hard to plan an exciting program for you.

Theme: "A Vision of Growth and Health for Memorial Societies"

June 19, 1986 Thursday

Morning Session: Panel Presentations and Workshops

- \* Dr. Fanny Fern, Memorial Society of Northwest FLA, "Increasing Memberships"
- \* Ann Werner, Pittsburgh Memorial Society, "Recruiting Volunteers"
- \* Wm Larson, Esq., Long Island Memorial Society, "Broadening the Role of Memorial Societies"

Afternoon session: Regional Meetings of Memorial Societies

Evening: Banquet

\* Keynote Speaker:

Rev. Donald McKinney, President, Concern for Dying (Living Will)

June 20, 1986 Friday

Morning Session: CAFMS Business Meeting.

Afternoon Session: "The Vision: The CAFMS Long Range Plan"

Evening: Dinner and a choice of activity or free time.

- \* Cruise on the Hudson River in the Clearwater Sloop or
- \* Visit the Vanderbuilt estate and home of FDR

June 21, 1986 Saturday

Morning Session: Panel Presentations and Workshops

- \* Marticia Madory, President, Mardory Association, "Accessing the Media"
- \* Gerald Swerling, Sr. VP, Ingalls Associates, "Forming Coalitions"
- \* Paul Elliott, Legislative Aid, "Negotiating with F. D's"

Noon: Conference ends

Afternoon Session: CAFMS Board Meeting (open to all)

The site of the conference is exciting, too. Vassar College facilities include a 9 hole golf course, tennis courts, swimming pool, and beautiful gardens. The total cost of the Biennial is approx. \$125-\$150 (includes program, room and board; but NOT transportation to Vassar, or additional activities).

Plan to come to Vassar for the Biennial Conference. Put June 18-21, 1986 on your calendar NOW. Call MSNE for more information on how to register.

ANNUAL MEETING ANNOUNCEMENT

DATE: November 6, 1985 DAY: Wednesday

PLACE: First & Second Unitarian Church, 66 Marlborough Street, Boston  
(corner of Berkely and Marlborough Streets)

TIME: 5:00 - 5:30PM.....Refreshments  
5:30 - 5:45PM.....Annual Business meeting  
5:45 - 7:00PM.....Program: "Pre-planning Made Simple"  
(A New Program For MSNE)  
"Facilitating Organ Donation"

Presentations by:

Valerie Belcher, New England Eye Bank  
Phil Walters, Skin Bank, Shriners Burn Institute  
Diane Jones, Temporal Bone Bank Program, Mass. Eye & Ear Infirmary

NEW PROGRAM RESPONDS TO MSNE

MEMBERS' DEMANDS: Included in last year's newsletter was a questionnaire over 400 MSNE members returned completed. Responses to the questions about why people joined MSNE seem to indicate that low cost funerals and concern for survivors are the two key reasons. Over half of the respondents indicated that they joined to reduce responsibility for survivors and to plan their own arrangements. Many members prefer no frills funerals that can be easily administrated at the time of death.

According to plans on file with MSNE, members have also indicated a desire to make organ donations (anatomical gifts). In response to this, MSNE staff and volunteers have been hard at work this year designing a new program to facilitate SIMPLE AND EASY pre-plans which also assure anatomical donations.

PROPOSED NEW MSNE PROGRAM

1. Contract with a cooperating funeral director for simple arrangements at a low price available only to MSNE members.

Today, the national average cost of a funeral, including cemetery charges is approx. \$2500. With a contract, MSNE members could pay only a fraction of this by indicating that they wanted the simple plan offered by the contracting funeral director.

OR, members can choose to pre-plan with any funeral director which is now the case. (This will be fully explained at the annual meeting.)

If you would like to serve on a committee to work on the criteria for choosing this contracting funeral director or if you can recommend a funeral director to be considered for the contract please contact MSNE.

2. Facilitation of anatomical donations by planning with the contracting funeral director.

In many cases when death occurs, anatomical gifts are overlooked even though the person had signed a donor card. Many people would like to be assured that their anatomical gifts are taken and given to the living who need them!

With the new program, members who plan with the contracting funeral director, may indicate that they want to give gifts for sight, hearing or skin graphs. At the time of death, the funeral director will call the appropriate organization(s) to take the donation(s). At the annual meeting representatives from each organization will explain the need for anatomical gifts and the donation procedure.

If you cannot attend the annual meeting, write to these organizations directly for information on how to make a donation.

REGIONAL MEETINGS:

\*\* Get to know your society. \*\*  
Learn what your membership means. \*\*

We would like to find out why you joined MSNE and to get your input on the new program at a series of small informed regional meetings. So far, meetings have been held in Boston, Brookline and Marblehead.

Here is the fall schedule of regional meetings:

South Shore - Oct. 21, Mon. 7-9 PM  
at Hingham Public Library  
The Fearing Room  
66 Leavitt Street  
749-0907

Belmont - Oct. 22, Tues. 6-7:30 PM  
at The First Church of Belmont  
404 Concord Avenue  
484-1054

North Shore - Oct. 28, Mon. 7-9 PM  
at St. Andrew's Church  
Layfayette Street, Rt. 114  
Marblehead, MA  
631-4951

If you plan to attend one of these meetings please call MSNE in advance (731-2073) so we will expect you.

If you can arrange for a free meeting room that can accommodate a dozen people or so in you church, school, community center or home, PLEASE let us know. We will hold as many meetings as possible as long as we have meeting places. MSNE staff will conduct the meetings and even bring refreshments. Please contact MSNE with a room.

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Election of Officers and Directors

The first fifteen minutes of the annual meeting will include the election of the following:

DIRECTORS-AT-LARGE

David Sheets

OFFICERS

George S. Richardson, President  
David Sheets, Treasurer  
A. Leavitt Taylor, Clerk  
John J. Buckley, Vice President

LIVING WILL

Many of you have requested information on The Living Will. Presently, there is no legislation which recognizes The Living Will in Massachusetts. For copies of The Living Will and further information please write directly to the national organization:

Concern For Dying  
250 West 7th Street  
New York, NY 10019

Phone: 800-223-7517

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FINANCIAL STATEMENT - FY 1984-85

Once again, MSNE has a deficit. Although the amount looks small, it is large compared with our total budget.

In order to just "break even", next year your contributions must increase by about 30%. So, if you gave \$10 last year, please give \$13 this year...and consider putting the Memorial Society in your plan as did Helen Dacey.

Income

New Memberships/Transfers..	\$ 1,752.00
Contributions/Gifts.....	8,502.00
Dividends from stock.....	1,610.73
Miscellaneous-Bank deposit..	<u>346.09</u>
TOTAL INCOME.....	\$12,210.82

Expenses

Salaries (3 people).....	\$ 7,600.00
Telephone Answering Service/ Telephone.....	1,256.64
Postage.....	450.23
Printing (not including this newsletter).....	766.71
Rent.....	100.00
Miscellaneous (office supplies, insurance, taxes, filing fee, annual meeting, newsletter production/mailing/postage, auditor).....	<u>4,212.26</u>
TOTAL EXPENSES.....	\$14,385.84

TOTAL DEFICIT.....\$ 2,175.02

## THE AUTOPSY: WHO BENEFITS?

*For the past hundred years, postmortem examinations, or "autopsies" have been regarded as essential to both medical care and medical progress. A recent trend, however, has been to de-emphasize the value of such examinations and to perform them infrequently. Dr. Lee Goldman, Associate Professor of Medicine, Harvard Medical School, and Dr. Ramzi Cotran, Frank Burr Mallory Professor of Pathology, Harvard Medical School, explain the autopsy and its continuing importance in medicine.*

### What happens in an autopsy?

"Quincy" and "St. Elsewhere" are entertaining television, but they create an incomplete impression of the autopsy and the atmosphere that surrounds it. In the vast majority of hospitals, an autopsy is quietly conducted according to a strict routine that resembles a surgical operation. It is carried out in a room similar to an operating room. In our hospital, Brigham & Women's Hospital, the procedure is performed by two physicians specializing in pathology (one senior, one in training) and an assistant (known by the traditional term "diener.")

What they do depends somewhat on the circumstances, and it is limited both morally and legally by the instructions of the family. In an autopsy performed without restrictions, the chest and abdomen are opened so that the internal organs may be removed and inspected, and samples are taken for special tests. Another incision, placed at the back of the head along the hairline, permits entry to the skull, from which the brain can be removed for examination. The organs may be returned to the body, but for the undertaker's convenience they are usually cremated at the hospital. Incisions are always placed so as to be invisible after the body has been prepared for the funeral. At a viewing the body is no different after an autopsy than it would have been without one.

More limited versions of the autopsy can be performed if a family is reluctant to allow the full procedure. Much less can be learned this way, but it is infinitely preferable to neglecting the postmortem examination altogether.

As part of the autopsy, each organ is carefully inspected, and small samples are removed to be prepared for microscopic or chemical tests, or to identify germs. In the days that follow, data are reviewed, conferences are held, and extensive reports are prepared. When all the tests are completed, a final report is written and is available to the family on request. The object of this series of examinations, tests, and discussions is to establish exactly what was wrong with the patient and to review whether the care given to him or her was appropriate. The autopsy is not carried out as a matter of idle curiosity, nor is it conducted in a way that violates the dignity of the deceased.

### How does the autopsy contribute to patient care?

Obviously, the individual who comes to autopsy is no longer able to benefit directly from the findings. On the other hand, family members are often relieved to know for certain what was the matter and whether the care was appropriate. Even when the cause of death is quite clear, there may be other unresolved questions about the patient's condition that an autopsy can answer. The autopsy results may thus offer considerable peace of mind to a bereaved family. In some instances, it may also yield information that contributes to health care of the survivors.

Much more to the point, however, we all, as patients, benefit from being treated in hospitals where autopsies are frequently performed. The autopsy serves as one of the most impor-

tant forms of quality control in patient care. The postmortem examination is the best (and often the only) way to be sure that diagnoses made during life were accurate and that nothing was missed. In a hospital that performs few autopsies, this essential process of self-checking and self-criticism is lost.

The progress of medicine has not eliminated the need for autopsies. Quite the reverse. New treatments, and the ability to prolong life in the face of serious illness, have created a whole set of diseases that were only rarely encountered in the past. Sometimes these are hazards of treatment itself, sometimes they are infectious diseases that take advantage of the patient's weakened defenses. Without postmortem examinations, these conditions may go unrecognized. In our hospital, medical progress and its complications have combined to keep the rate of missed diagnoses virtually constant for the last twenty years. In about 10% of cases, we find an unrecognized condition, treatment of which might have prolonged the patient's life. In another 12% a major diagnosis was missed clinically. This means that autopsy is just as informative now as it was two decades ago, and there is just as much reason to have one performed now as in the past.

Unfortunately, a variety of trends have led to a reduced rate of autopsies, and we believe there is a real risk that quality of care will suffer as a result. There are several likely reasons for the declining rate of autopsies. Families often resist the procedure in the mistaken belief that it somehow detracts from the dignity or peacefulness of death. Undertakers may discourage families from consenting to an autopsy because it makes embalming slightly more time-consuming and may create scheduling difficulties. Physicians may be reluctant, perhaps unconsciously, to go through the scrutiny of their work that an autopsy entails. The hospital administration sometimes is unenthusiastic about autopsies because they are not billed as part of patient care; they must be handled as an overhead expense. But these considerations of convenience and cost should be weighed against the critical value of the postmortem examination in answering the family's questions about the last illness, in providing an essential form of quality control in patient care, and in helping to improve medicine generally through research.

### **Do autopsies *still* play a role in medical research?**

Yes, in a variety of important ways. (1) As we have already remarked, new forms of medical treatment are leading to new complications. Information from autopsies is telling us what these complications are, how they occur, and what can be done to combat them. (2) A whole variety of new diagnostic techniques are now being developed. Many of these, such as CT scans, are "noninvasive" and therefore produce minimum risk or discomfort to the patient. However, they must be correctly interpreted if they are to be any use at all. At autopsy, it is possible to evaluate the accuracy of the newer diagnostic methods. (3) A great deal of modern medicine depends on knowledge of statistical associations — for example, how often a particular symptom is associated with one or another kind of disease process. In many instances, these data can only be firmly established through autopsy findings on many patients. Once the information is available, doctors can use it (through a process known as decision analysis) to settle on the best course of action when the exact diagnosis in a particular case is uncertain. (4) Hospitals save the microscopic specimens that have been prepared from autopsies, and sometimes they also retain small amounts of frozen tissue. When appropriate, these reserves can be exploited to evaluate a new theory about a disease process, and thus the amount of time required to confirm or disprove it can be minimized.

The benefits of having an autopsy are not remote, or part of something vaguely imagined as "medical progress." Autopsies make a direct contribution to the quality of care in each hospital and community; they also remain an essential part of the research and education on which good medical care is based.

PLEASE FILL OUT THIS FORM AND RETURN TO:  
THE MEMORIAL SOCIETY OF NEW ENGLAND, 25 MONMOUTH STREET, BROOKLINE, MA 02146

NAME: \_\_\_\_\_ DAY PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is this a change of address:  yes  no

PROXY VOTE: (Fill in only if you WILL NOT ATTEND the annual meeting)

PROXY: I hereby authorize \_\_\_\_\_ (must be a member) or the Clerk of the Society (if no name is filled in, the Clerk will vote by proxy) to vote for:

a. The slate of officers and directors as proposed:  yes  no

b. Such matters as may lawfully come before the meeting:  yes  no

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

! VOLUNTARY DUES AND CONTRIBUTION: !

! a. Voluntary dues for \_\_\_\_ \$5.00 as a Regular Member; for \_\_\_\_ \$10.00 as a !  
! Contributing Member or for \_\_\_\_ \$50.00 as a five-year Contributing Member; !

! b. Contribution to \_\_\_\_ establish contract with funeral director, and/or !  
! to \_\_\_\_ continue the purpose of The Memorial Society of New England for: !  
! \_\_\_\_ \$5.00; \_\_\_\_ \$10.00; \_\_\_\_ \$25.00; \_\_\_\_ \$35.00; \_\_\_\_ \$50.00 or more !

! ENCLOSED IS A CHECK MADE OUT TO THE MEMORIAL SOCIETY OF NEW ENGLAND FOR THE TOTAL !  
! AMOUNT OF \$ \_\_\_\_\_. !

	<u>YES</u>	<u>NO</u>
1. I will arrange a room for a regional meeting at _____ (place), in _____ (city)	_____	_____
2. I would like to attend a meeting in my region.....	_____	_____
The most convenient time is _____; day of the week: _____		
3. I would help sponsor a regional meeting by inviting MSNE members in my region to the meeting and providing refreshments.....	_____	_____
4. I am in favor of the new program (contracting with a funeral director for simple cremation/burial at a reduced price to MSNE members).....	_____	_____
5. I would like to serve on the committee to develop the criteria for the contracting funeral director.....	_____	_____
6. Here is the name of a funeral director with whom I have dealt and recommend to bid for the MSNE contract:		
NAME _____ TOWN _____ STATE _____		

7. I would like to volunteer to help MSNE..... \_\_\_\_\_  
How: \_\_\_\_\_

PRE-NEED PLANNING AND FINANCING

"Pre-need" arrangements involve two separate and distinct activities: planning and financing. The position recommended by CAFMS and MSNE is that planning is an appropriate pre-need arrangement in virtually all cases, but that paying before need is not, except in very special circumstances.

One of the major disadvantages to pre-paying is that there is not guarantee that the seller of today's services will be in business at the time of need since the funeral business may be sold or closed as the character of cities and our nation changes with redevelopment and a mobile society.

RECOMMENDATIONS FOR PRE-NEED FINANCING:

\*\* Establish a "Totten Trust" in a credit union, bank or other savings institution.

A "Totten Trust" is a savings account to which you add the name of the beneficiary. Open the account in your name and add: "in trust for (name of beneficiary)." The beneficiary can be a funeral director or a friend or relative who is trusted to use the funds as you direct.

The advantage of this trust is that the funds stay in control of you, the depositor, and can be withdrawn at anytime for any reason by you.

\*\* Establish an interest-bearing account dedicated to funeral costs.

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THANK YOU to the friends and family of Helen Dacey of Lowell.

Included in Helen Dacey's newspaper notice as well as her funeral plan was the wish that donations be made in her memory to MSNE.

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The Memorial Society of New England  
25 Monmouth Street  
Brookline, MA 02146

Non-Profit Org.  
U.S. POSTAGE  
**PAID**  
Permit No. 56500  
Boston, MA