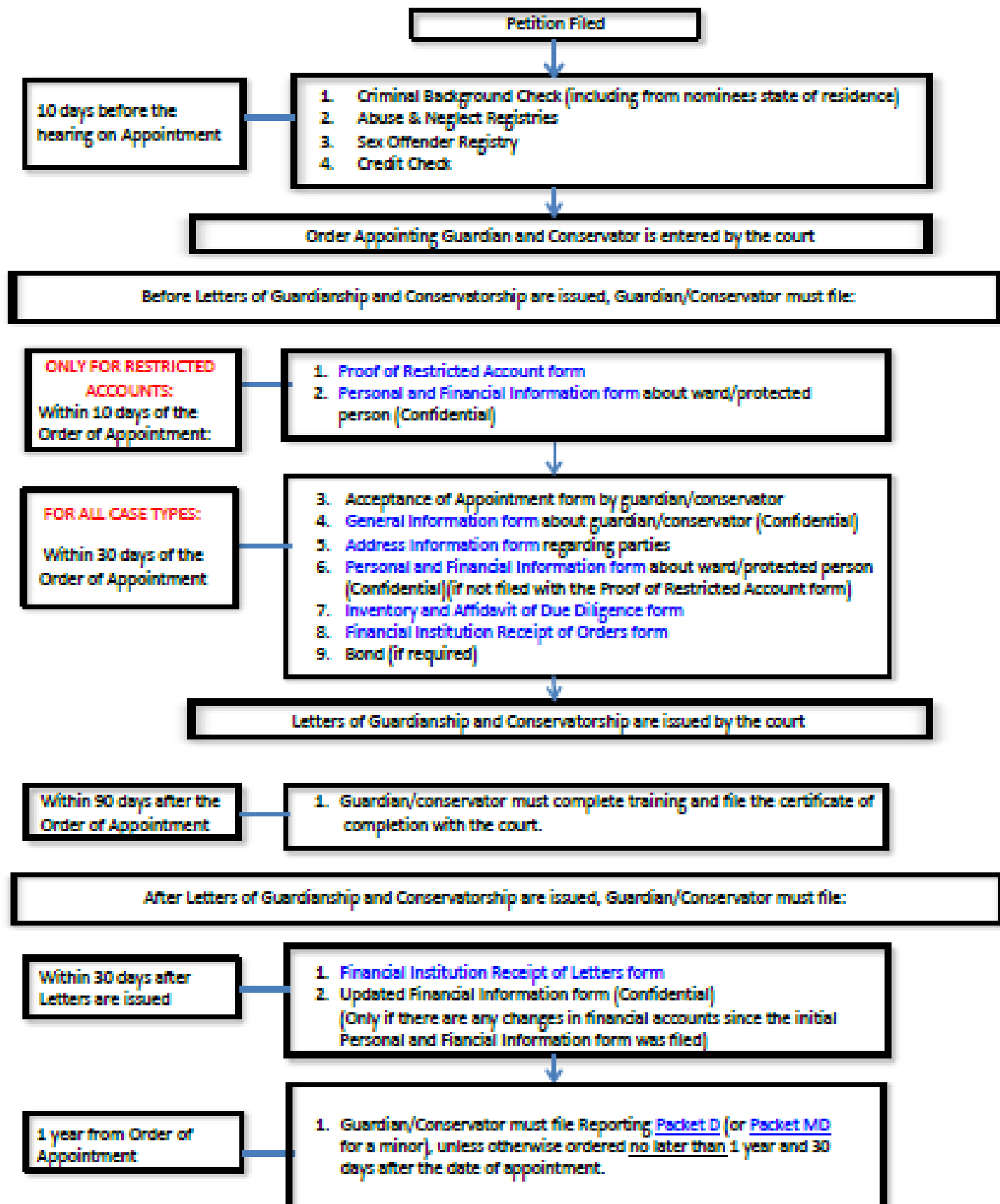


Becoming a
GUARDIAN
and/or
CONSERVATOR



Conducted by
The Nebraska Supreme Court's
Office of Public Guardian

NEBRASKA GUARDIANSHIP AND CONSERVATORSHIP FLOWCHART



Nebraska Guardian & Conservator Forms

All Guardianship & Conservatorship forms can be found on the Nebraska Supreme Court's website at:

<http://supremecourt.nebraska.gov/forms>

NOTE:

- Forms are listed alphabetically by title of form, but you can also use the "Search" box to find a specific form.
- Each form contains an identifying number in the top right corner, which also appears on the Supreme Court's forms list.
- The County Court may mail a packet of forms to the guardian annually, but some courts may not. The guardian and/or conservator may be responsible for either picking up forms from the court or printing forms from the website above.

Working Through Difficult Situations



Interacting in difficult situations can be a challenge, especially when trying to communicate and settle on common solutions.

The following areas are considerations to when working through a difficult situation:

- ❖ Maintain self-control and avoid an escalation of the problem. If you need to, revisit the situation when everyone has calmed down.
- ❖ Shift from being reactive to proactive. Minimize misinterpretation and misunderstanding while concentrating energy on problem solving. This is a great time to interject empathy without using empathetic statements as excuses for unacceptable behavior.
- ❖ Pick your battles. This can save time, energy and grief and avoid unnecessary problems and complications.
- ❖ Separate the person from the issue, this can help establish rapport, cooperation, and respect in your interactions
- ❖ Put the spotlight on the other person, this can equalize power in communication and apply appropriate pressure to reduce difficult behavior, for example ask, "What do you think needs to happen next?"
- ❖ Keep the focus on how to solve the problem instead of "what's wrong".
- ❖ Use appropriate humor, this shows detachment from difficult interactions and helps avoid being reactive as well as allowing problems to roll off your back. It is important to keep interactions positive and avoid sarcasm.
- ❖ If you sense a communication breakdown address it immediately. Say, for example, "That's not what I said", "Could you let me finish", "I think we are actually saying the same thing".
- ❖ Use "I" statements rather than "you" statements, these types of statements aren't as likely to sound like you are placing blame on another person. For example, instead of, "You never sent me an email" say "I never received an email".

Finally, don't take it personally.

Sometimes people are difficult because of past experience, or that is just who they are and they interact this way no matter who they are talking to.

Taking comments personally from someone in a difficult situation only makes working with that person even more challenging.



Community Resources

A webpage has been developed by the Office of the Public Guardian to provide a central place where guardians and conservators can find information for post-appointment aid. You can access this webpage at:

<https://supremecourt.nebraska.gov/programs-services/office-public-guardian/guardian-conservator-resources>

If you do not have access to a computer, check the following list of resources:

Available resources are a mix of federal and state and local government programs and organizations and private for-profit and non-profit programs.

Adult Protective Services

Adult Protective Services protects persons 65 and older, and vulnerable adults (anyone over the age of 18 who has a mental or physical impairment which substantially impairs the person's ability to care for him or herself).

Trained staff, working in cooperation with law enforcement, investigate cases of abuse, neglect, self-neglect, or financial or sexual exploitation involving vulnerable adults. Adult Protective Services workers assist victims and prevent further abuse, neglect, and exploitation.

Adult Protective Services include:

- Receiving reports of adult abuse, exploitation, neglect, or self-neglect;
- investigating reports of adult abuse, exploitation, or neglect;
- Case planning, monitoring, and evaluation; and
- arranging for medical, social, economic, legal, housing, law enforcement or other protective, emergency, or supportive services.

APS caseworkers are the first responders to reports of abuse, neglect, and exploitation of vulnerable adults.

Report abuse, neglect, or exploitation to Adult Protective Services

- Within **Nebraska**, call: (402) 471-6035
- Outside **Nebraska**, call: (800) 254-4202
- **Nebraska Elder Abuse/Neglect Hotline**: (800) 652-1999

Long-Term Care Ombudsman

Wards & protected persons retain important rights even when they reside in a long term care facility. The longtermcare ombudsman will advocate for residents (60 and older) of skilled nursing facilities, assisted living, and other adult care facilities. They work to resolve problems of individual residents.

A guardian who has encountered problems with long-term care facilities may contact the Long-Term Care Ombudsman.

- <http://dhhs.ne.gov/medicaid/Aging/Pages/ltcombud.aspx>
- Phone: 402-471-2307

Area Agencies on Aging (AAA in Nebraska)

Local Area Agencies on Aging provide a comprehensive variety of services to, and advocate for, the needs of persons 60 and older, caregivers, and some “high risk” adults” residing in their areas. Area Agencies on Aging provide information and assistance and contract with a range of services providers—for example, in-home care, legal services, congregate and home-delivered meals, and transportation. There is no financial eligibility requirement for these services, but the services are targeted to those “in greatest social and economic need.”

- **Eastern Nebraska Office on Aging (ENOA)** 4223 Center Street, Omaha, NE 68105.

Phone: (402)

444-6444, (402) 721-7770 (Washington/Dodge Counties) - Will Accept Collect Calls. Counties Served:

Cass, Dodge, Douglas, Sarpy, Washington. Web: <http://www.enoa.org/>

- **Lincoln Area Agency on Aging (LAAA)** 1001 O Street, Suite 101, Lincoln, NE 68508-3610.

Phone:

(402) 441-7022 or (800) 247-0938. Counties Served: Butler, Fillmore, Lancaster, Polk, Saline, Saunders, Seward, York. Web: <http://www.ci.lincoln.ne.us/city/mayor/aging/>

- **Northeast Nebraska Area Agency on Aging (NENAAA)** P.O. Box 1447, 119 Norfolk Ave., Norfolk, NE 68702-1447. Phone: (402) 370-3454 or (800) 672-8368. Counties Served: Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston, Wayne. Web: <http://www.nenaaa.com/>

- **South Central Nebraska Area Agency on Aging (SCNAAA)** Suttle Plaza, 4623 2nd Ave., Suite 4,

P.O. Box 3009, Kearney, NE 68848-3009. Phone: (308) 234-1851 or (800) 658-4320. Counties Served:

Blaine, Buffalo, Custer, Franklin, Furnas, Garfield, Greeley, Harlan, Kearney, Loup, Phelps, Sherman, Valley, Wheeler

- **Midland Area Agency on Aging (MAAA)** 305 N. Hastings, Room 202, P.O. Box 905, Hastings, NE

68902. Phone: (402) 463-4565 or (800) 955-9714. Counties Served: Adams, Clay, Hall, Hamilton,

Howard, Merrick, Nuckolls, Webster

- **Blue Rivers Area Agency on Aging (BRAAA)** Gage County Courthouse, Room 24, Beatrice, NE

68310-2946. Phone: (402) 223-1352 or (800) 659-3978. Counties Served: Gage, Jefferson, Johnson,

Nemaha, Otoe, Pawnee, Richardson, Thayer

- **West Central Nebraska Area Agency on Aging (WCNAAA)** 115 N Vine, North Platte, NE 69101-

3902. Phone: (308) 535-8195 or (800) 662-2961. Counties Served: Arthur, Chase, Dawson, Dundy, Frontier, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow

- **Thomas L. Aging Office of Western Nebraska (AOWN)** Bluffs Business Center, 1517 Broadway, Suite 122, Scottsbluff, NE 69361-3184. Phone: (308) 635-0851 or (800) 682-5140. Counties Served: Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux

Care Consultants for Aging:

<http://careconsultants.com/eldercare-resource-handbook/omaha/>

Omaha: 402-398-1848

Lincoln: 402-488-3771

<http://www.payingforseniorcare.com>

Disabilities

Nebraska Department of Health & Human Services Developmental Disabilities Division

Nebraska Department of Health & Human Services
Division of Developmental Disabilities Administration

www.dhhs.ne.gov/developmental_disabilities

P.O. Box 95026

Lincoln, NE 68509

(402) 471-8501

dhhs.developmentaldisabilities@nebraska.gov

Resource/Agency Number

DHHS Helpline 800-254-4202

Hotline for Disability Services 800-742-7594

Disability Rights Nebraska 800-656-3937

Munroe-Meyer Institute 800-656-3937

The Arc of Nebraska 402-475-4407

Independent Living Council 402-438-7979

People First of Nebraska 308-530-9209

Parent Training Information 800-284-8520

Assistive Technology Partnership 888-806-6287 or 402-471-0734

Centers for Independent Living in Nebraska/Independence Rising

A center for independent living is a consumer-controlled, community-based, cross-disability, non-residential

private nonprofit agency that provides a variety of independent living services.

- Information and referral
- Independent living skills training
- Individual and systems advocacy
- Peer counseling

- **Center for Independent Living of Central Nebraska/Independence Rising**

3335 Capitol Street

Grand Island NE 68803

Phone: (308) 382-9255
Fax: (308) 384-7832
Website: www.virtualcil.net

· **League of Human Dignity - Lincoln Center for Independent Living/Independence**

Rising

1701 P Street
Lincoln NE 68508-1741
Phone: (402) 441-7871
Fax: (402) 441-7650
Website: <http://leagueofhumandignity.com/>
Email mschafer@leagueofhumandignity.com

Behavioral Health Network
Nebraska mental health services

Division of Behavioral Health: Community-Based Services
www.dhhs.ne.gov/behavioral_health/Pages/beh_behindex.aspx
Search for a local mental health services by zip code
<http://store.samhsa.gov/mhlocator>

Medicaid

Medicaid is a state-run program that provides health care payment for individuals and families with low income.

It is the largest source of funding for medical services for people with limited incomes in the nation. Medicaid is also the largest payer for long-term care. Medicaid covers skilled nursing facility care for individuals who are eligible financially and who also meet the state's level of care requirements. The Nebraska Medicaid agency is:

· Nebraska Department of Health and Human Services, Division of Medicaid and Long Term Care
www.dhhs.ne.gov/medicaid/

· 301 Centennial Mall South
Lincoln, NE 68509
402-471-3121

Social Security Administration (SSA)

The Social Security Administration field offices are SSA's primary point for face-to-face contact with the public.

Field offices provide information, make determinations about eligibility, issue Social Security numbers and cards, take applications and determine eligibility for Medicare, and much more.

· Locate the nearest SSA field office - <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>

Veterans Benefits

The U.S. Department of Veterans Affairs provides a wide range of benefits, including disability, education and

training, vocational rehabilitation and employment, home loan guaranty, dependent and survivor benefits, medical treatment, prescription drugs, aid and attendance, life insurance, and burial benefits.

- Nebraska Department of Veterans Affairs

PO Box 95083

Lincoln, NE 68509-5083

Phone: (402) 471-2458

Fax: (402) 742-1142

Email: ndva@nebraska.gov

Website: <https://veterans.nebraska.gov>

- Summary description of VA benefits, with contact numbers:

- o <http://www.vba.va.gov/pubs/forms/VBA-21-0760-ARE.pdf>

- o <http://www1.va.gov/opa/newtova.asp>

- o American Legion, 801-326-2380

- o Disabled American Veterans, 801-326-2375

- o Veterans of Foreign Wars, 801-326-2386

Mediation

Mediation is the attempt to help parties in a disagreement to hear one another, to minimize the harm that can come from disagreement, to maximize any area of agreement, and to find a way of preventing the areas of disagreement from interfering with the process of seeking a compromise or mutually agreed outcome. While a mediator may charge a fee comparable to that of an attorney, the mediation process generally takes much less time than moving a case through standard legal channels. While a case in the hands of a lawyer or a court may take months or years to resolve, mediation usually achieves a resolution in a matter of hours. Taking less time means expending less money on hourly fees and costs.

Central Mediation Center

204 East 25th Street, Suite 5 | P O Box 838 | Kearney, NE 68848-0838

800-203-3452 or 308-237-4692 | info@centralmediationcenter.com |

www.centralmediationcenter.com

Counties Served: Adams, Blaine, Buffalo, Chase, Clay, Custer, Dawson, Dundy, Franklin, Frontier, Furnas,

Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Howard, Kearney, Lincoln, Logan, Loup,

McPherson, Merrick, Nuckolls, Perkins, Phelps, Red Willow, Sherman, Thomas, Valley, Webster, Wheeler

Concord Mediation Center

4225 North 90th Street | Omaha, NE 68134

402-345-1131 | www.concord-center.com

Counties Served: Douglas and Sarpy

The Mediation Center

Mill Towne Building | 610 J Street, Suite 100 | Lincoln, NE 68508

402-441-5740 | info@themediationcenter.org | www.themediationcenter.org

County Served: Lancaster

Mediation West (formerly Center for Conflict Resolution)

1721 Broadway, Suite 222 | Scottsbluff, NE 69361

800-967-2115 or 308-635-2002 | info@conflictresolutioncenter.com | www.mediationwest.org

Counties Served: Arthur, Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Hooker, Keith, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux

Nebraska Mediation Center (formerly Nebraska Justice Center)

PO Box 1062 | Fremont, NE 68026-1062 | (402) 753-9415 or 800-774-0346

nmc@nebraskamediationcenter.com | www.nebraskamediationcenter.com

Counties Served: Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Dodge, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston, Washington, Wayne

Tribes Served: Omaha, Winnebago, Northern Ponca, Santee Sioux

The Resolution Center

2205 N 6th Street, Suite 11 | Beatrice, NE 68310

800-837-7826 or 402-223-6061 | trc@bvca.net | www.theresolutioncenter.org

Counties Served: Butler, Cass, Fillmore, Gage, Jefferson, Johnson, Nemaha, Otoe, Pawnee, Polk,

Richardson, Saline, Saunders, Seward, Thayer, York

Legal resources

A guardian may need a lawyer to provide legal advice or to advocate on behalf of the ward. Individuals who are financially eligible can receive legal services through legal aid or legal services programs. In addition, under the Older Americans Act, there are special programs of legal assistance for older people who are "in the greatest social and economic need." For those not eligible for such legal programs, there are private lawyers who focus on assisting elders or individuals with disabilities.

Nebraska Legal Aid Services

<http://www.legalaidofnebraska.org/>

Legal Aid of Nebraska

209 S. 19th Street, Suite 200

Omaha, Nebraska 68102

Phone: 402-348-1069

Legal Assistance: (877) 250-2016

Senior Help Line: (800) 662-1772

Nebraska Bar Association

www.nebar.com

Customer service (800) 927-0117

National Academy of Elder Law Attorneys

National Academy of Elder Law Attorneys (NAELA)

1577 Spring Hill Rd., Suite 310

Vienna, VA 22182

Phone: 703-942-5711*

Fax: 703-563-9504

Email: naela@naela.org

www.naela.org (click on "Find an Attorney")

Questions to Ask from *The Caregiver's Path*

Medical Questions

Time:

- Is this an emergency, or is there time to think about what should be done?
- If it is not an emergency, how long do we have to make a decision?

Diagnosis or condition:

- What do you call what the patient has?
- How bad is the patient's condition?
- How many other things are going wrong with the patient's body?
- Are those other things fixable?

Available treatment options:

- Is this the first time I have had to make decisions about this illness or condition, or has it been going on a long time?
- What worked in the past?
- Is that still an available option?
- What are the other available options?
- What is the proposed treatment, surgery or test?
- Who will perform the treatment, surgery or test?
- How realistic is it that the proposed plan will work?
- Is the proposed treatment standard or is it experimental?
- How many times has the doctor done this procedure?
- What is the doctor's success rate?
- What has the doctor's success rate been with patients in a similar condition?
- Is there anything I can do to increase my loved one's chances of a good outcome?

Alternatives:

- What alternatives are available?
- What will happen if nothing is done?
- What will happen if we wait until later?
- Why now and not later?

Possible side effects:

- What are the possible risks and side effects?
- How often do the side effects really occur?
- What steps will be taken to minimize the risks of the treatment?

Suffering:

- How much is my loved one suffering now?
- How much will the patient suffer if he or she *does not* have this treatment?
- How much will the patient suffer if he or she *does* have this treatment?
- What can be done to prevent or decrease the suffering?

Benefits of the treatment:

- Will the treatment help the person regain or improve his or her mental function?
- Will the treatment help the person regain or improve his or her physical function?
- Do the benefits of the treatment outweigh the risks and burdens?
- Will the proposed treatment extend the patient's life, and for how long?
- What is the patient's life expectancy without the treatment?
- Will the proposed treatment improve the quality of the patient's life or only increase the length of life?

The patient's perspective:

- Would the patient want to have this treatment, surgery or test?
- Does this treatment plan fit in with the patient's quality-of-life goals?
- Does this treatment make sense in the context of this particular patient's life?
- What kind of condition will the patient be in afterward?
- What kind of life will the patient have after he or she is discharged from the hospital?

Other concerns:

- What do I *not* want to believe about what the doctor is saying?
- What do the different doctors say that is conflicting?
- Can I ask for a family conference so the doctors can explain why they disagree with each other?
- What am I confused about, and what questions do I need answered before I can decide?
- Do I need to get a second opinion to get more options or information?
- Am I reading information on the Internet from trusted sources? (If not, you need to ask the doctor which sites are recommended.)
- What do other people ask in this situation?
- What else am I forgetting to ask?

Possible restrictions:

- Are there hospital restrictions that limit what options are available here (religious restrictions, location restrictions, equipment restrictions, technical ability restrictions or the availability of specialists)?
- Are there laws that I need to be aware of in this situation? (Ask a social worker if there are any laws in your state that limit what a decision maker is allowed to agree to for the patient.)

Quality-of-Life Questions

Changes in quality of life:

- Based on the patient's quality of life before this hospitalization or treatment, how has the patient's quality of life changed?
- Is this change in quality of life something that the patient would be willing to live with?
- What would the patient say is an acceptable level of "better"?
- If I don't know, can I find out more about the patient?
- Will the patient be able to return to the same caregivers, friends and family?
- Will the patient be able to return to the same environment?
- If not, how can we help the patient adjust to a new environment?
- Will the patient be able to enjoy his or her meals as before?
- Will the patient be able to enjoy the same activities as before?

If the patient could communicate in the past:

- What would this individual consider to be a meaningful life?
- What kind of life would the patient want after being discharged from the hospital?
- What would the patient say if he or she could talk right now?
- What did the patient say to others in the past about the type of situation he or she is facing?
- What would the patient say is important to consider?
- What would I want, and how is that different from what the patient would want?

The quality-of-life goal and the medical goal:

- Now that we know the quality-of-life goal, can it be achieved medically?
- Is a time-limited trial appropriate to see if the quality-of-life goal and the medical goal can be reached?
- If the quality-of-life goal is not achievable, what level of recovery is possible?

Financial Questions

Patient finances:

- Does the patient have enough money to pay the doctors, the hospital, the X-ray department, the laboratory and the other medical bills?
- If not, can the patient get the money or is this impossible?
- Can the patient afford the medications both now and for the long term?

Cost of treatment:

- Can I get an estimate of the costs before I decide?
- Does this estimate include everything, or are there costs I don't know about?
- Who else will be sending me a bill?
- What will the long-term costs be after the patient gets discharged from the hospital?
- Will the patient have to go to a rehabilitation facility, a long-term care facility or sub-acute facility? If so, how much will that cost and who will pay for it?

Insurance coverage:

- Does the insurance company cover the proposed test, treatment or surgery? (Any time a person goes to get medical care, call right away to make sure the insurance company will approve and pay for the visit.)
- What will the insurance company pay for? (When you call the insurance company, make sure you write down whom you talked to, what was said, and what time you called. Ask the person to send you the information in writing.)
- What percentage of the bill is the patient's responsibility?
- Do I need to call the insurance company to get a pre-authorization for the test, treatment or surgery?
- If the insurance company says it will not pay, can I appeal the decision?
- What will happen if the patient has the treatment but I didn't get a pre-authorization from the insurance company?

Financial distress:

- Is it cheaper to go somewhere else for the test, treatment or surgery?
- If the patient doesn't have any insurance, are there any programs that he or she may be eligible

for that can help cover the costs?

- Have I talked to the billing department to see what other options are available? (It is better to talk to the billing department right away, because they will be more willing to help you before you get into financial trouble. You may need to ask for the supervisor of the billing department to get the help you need.)
- Does the patient need to apply for Medicaid or MediCal because he or she is out of money?
- What will happen if the patient can't pay the bills?
- How will all of these costs affect the patient's family?
- Is the patient going to need to declare bankruptcy?

Religious or Spiritual Questions

The patient's religious beliefs:

- What is the patient's faith or belief system? (It may be a traditional religion, a personal spiritual connection or no religion.)
- Is the patient actively practicing his or her religion or spirituality?
- Are the doctors aware of the patient's beliefs? If not, what do I need to tell the doctors?
- Does the patient's belief system play a role in his or her other life decisions?

Religion and healthcare:

- Does the patient's belief system play a role in his or her healthcare decisions?
- What does the religion say about the obligation to keep fighting?
- Does the patient's religion say what can and cannot be chosen when it comes to healthcare decisions?
- Does the patient's religion have rules about how the body can be treated?
- Are there certain fasting or food restrictions in the religion?
- Do I need to ask questions about what services may or may not be provided at a religiously affiliated hospital or clinic?

Religious community:

- Can the religious community provide comfort and support for the patient?
- Do I need to call in the patient's religious leader to help make these decisions?

Religion and death and dying:

- What gives the patient's life meaning or purpose?
- What does the patient's religion say about death and dying?
- Does the patient's religion have certain rituals or prayers that are part of the healing or dying process?
- Before the patient dies, should certain things be done in preparation, either spiritually or physically?
- After the patient dies, should certain things be done to prepare and respect the body?
- Is there a hospital chaplain that I can turn to for help?

No religious beliefs:

- How can I show this person respect without using religion?
- How can this person be comforted while dying, without using religion?
- What values and personal beliefs of the patient can guide me when making these decisions?

Religious beliefs of the decision maker:

- When I am making decisions for the patient, how does my religion affect my decision making?
- Am I remembering to respect the beliefs of the patient and to not impose my own religious beliefs? (It is your responsibility to make sure that others involved in the person's care are not imposing their own religious beliefs on the decision making process.)

Cultural Questions

The culture of the patient:

- How much does the patient follow the rules of his or her culture?
- What would the patient say about his or her cultural values and how they would apply in this situation?
- What is the patient's view of the illness in the context of his or her life?
- How would a doctor from the patient's culture handle this situation?
- How would a doctor from the patient's country handle this situation?
- Are there fears, concerns or misperceptions about the proposed treatments because of cultural beliefs?
- Does the patient want to be told the truth about the illness or would the person rather not know?

Choosing the decision maker:

- What does the culture say about who should be the decision maker?
- Should the decision maker be one person or a group of people?

Family involvement:

- What does the patient or the family say would help in this situation?
- Are there community resources available to help the patient when he or she is discharged?

Alternative medicine and healers:

- Is the patient going to a healer, herbalist, spiritual healer or other person for help?
- Do you need to call in a healer or someone to pray?
- Does the patient trust Western medicine?
- Does the patient want to receive the medicines or alternative medications that are used in the patient's country or culture?
- Is the patient taking alternative medications?
- Do I need to tell the doctor the truth about the alternative medications or treatments the patient is receiving outside the doctor's care? (I would recommend telling the truth so your doctor can keep your loved one safe from any side effects of combining what your loved one is taking and what the doctor is prescribing.)

Culture and healthcare:

- Are there certain things the patient can do or not do to get better because of the rules in the culture?
- Are there certain things the patient can eat or not eat to get better?
- Does the patient typically show pain, or does this individual prefer to be brave and accept suffering?
- Are there gender restrictions on who can take care of or touch the patient? If so, what would be okay?

- How would this person want to be shown respect?

Language barriers:

- Does this person speak the same language as the healthcare team, or should a trained medical interpreter be used?
- Are the forms and written information available in the patient's language?
- Can the patient read the forms and the written information about the disease and treatment options?

Culture and death and dying:

- Are there cultural healing or dying rituals that need to be performed?
- After the person's death, are there rituals that need to be performed or are there certain ways that the body needs to be treated?

The decision maker's cultural beliefs:

- When I am making decisions for the patient, how does my culture affect my decision making?
- Am I remembering to use the culture of the patient and to not impose my own cultural beliefs?
- What else do I need to understand about this person's culture so that I can make good decisions?

