



HEALTH CORNER



Dead And Gone... So Now What?

By Gary Payne, MBA
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If I Died Tomorrow: What I'd Want My Family to Know in the First 24 Hours? This is not an easy thing to write about, but it may be one of the most useful conversations we can have. If I died tomorrow, I know the first thing my family would feel is shock. Nothing prepares the people you love for that phone call. And in the middle of grief, there is often an added burden - the feeling that decisions need to be made immediately. So if I could leave behind one small piece of guidance, it would be this: the first 24 hours don't have to be rushed. Here's what I would want my family to know.

First, take a breath I would want them to pause before doing anything else. The world will not fall apart if they sit down for a moment, call someone close, and simply breathe. I hope they wouldn't try to handle the first day alone. A friend, a neighbour, a sibling - just having another person present can make everything feel less overwhelming. Where I died would shape the next steps If I passed away in a hospital or care facility, I would want them to know that staff will guide them.

The process is familiar to them, even if it's unfamiliar to my family. They will explain what needs to happen next. If I died at home, I would want my family to understand that things can feel less clear, but support still exists. In an expected situation, they may call a doctor or nurse. If it were unexpected, emergency services may need to be involved. Either way, they wouldn't need to solve everything in the first hour.

There is an official step before arrangements begin One thing many people don't realize is that an official pronouncement of death is required. In a facility, that is handled automatically. At home, a medical professional takes care of it. I would want my family to know that paperwork and legal steps follow a sequence, and they don't need to force the process forward before it's ready. Choosing a funeral home can wait a little I think many families believe they must contact a funeral home immediately. If I were gone, I would want my family to know they usually have time. They could take a day to speak together, to think about what kind of arrangements fit our values, and to include the people who need to be included.

The first conversation with a funeral home does not need to cover every detail. It can start simply. They don't need every document on day one I would not want my family tearing through drawers looking for paperwork in the middle of grief. Yes, they will eventually be asked for basic information - full legal name, date of birth, health card details - but those things can come together gradually. If anything, I would want them to write down the names and numbers of the people they speak with, because the first day is often a blur. I would want them to slow down when decisions and costs come up In the days after a death, families begin hearing about service options, timelines, and pricing.

Funeral professionals can be helpful, but no one should feel rushed. If I could leave one clear instruction, it would be: ask questions, request written information, and take time. The first day is hard enough without pressure layered on top of grief. A final thought If I died tomorrow, what I would want most is not a perfect plan. I would want my family to feel supported, to move slowly, and to know that they don't have to do everything at once. The first 24 hours are about taking the next step - not all the steps. Next week, I'll write about a question many Durham families face early on: what funeral and cremation costs typically look like in our region, and why prices can vary so widely.



A Century-Old Problem We Still Ignore Common Sense Health – Diana Gifford-Jones

In 1982, PubMed, a research database, indexed 740 papers with "vitamin D" in the title. In 2020, there were 5,566. Clearly interest has increased. Today, vitamin D is studied as a system-wide regulator and an essential component of skeletal, immune, metabolic, cardiovascular, neurological, and inflammatory processes.

But even a century ago, nutritionists feared the dangers of vitamin D deficiency. Warnings were dismissed as "alternative thinking."

Vitamin D was discovered in the early 20th century, when researchers noticed that children deprived of sunlight developed rickets, a bone-softening disease that left them bow-legged and deformed. In 1903, Niels Ryberg Finsen, a Danish physician with Icelandic roots, received a Nobel prize for pioneering the therapeutic use of concentrated light. Sanatoriums, which emphasized sunlight exposure, and cod liver oil, rich in D, were common treatments for tuberculosis and other infections, but Finsen's work explained it. For decades afterward, vitamin D was viewed narrowly as a "bone vitamin" in spite of the success of sanatoriums. Once rickets was largely eliminated through supplementation of food, the medical profession lost interest. Blood levels were rarely tested. The assumption was that a normal diet and a bit of sunshine were enough.

More recent research has shown D is not just a vitamin, but a hormone, influencing hundreds of genes involved in immune function, inflammation, muscle strength, and brain health. Across the human lifespan, as much as 3-4% of the human genome is influenced by vitamin D. It's confirmed what early advocates suspected – deficiency is the norm, not the exception.

With aging, skin becomes far less efficient at producing D from sunlight. An 80-year-old produces only a fraction that a 20-year-old can make with the same sun exposure. And if you live north of Atlanta, GA, you aren't making enough D from sunlight in winter, period. Vitamin D is vital for mothers and developing children too.

Diet alone often isn't enough. Very few foods naturally contain meaningful amounts of vitamin D. Unless someone regularly eats fatty fish or takes supplements, intake is usually inadequate. That means blood levels fall well below what researchers now associate with optimal health, 40 – 100 ng/mL.

Low vitamin D levels are strongly associated with increased risk of fractures and osteoporosis; loss of muscle strength and balance, leading to falls; impaired immune function and higher susceptibility to infections; chronic inflammation, which underlies heart disease, diabetes, and arthritis; and cognitive decline and mood disorders, including depression.

In other words, vitamin D deficiency worsens many of the conditions we attribute to "normal aging."

Perhaps the greatest irony is this: vitamin D deficiency is easy to detect and inexpensive to correct. A simple blood test can reveal deficiency. Sensible supplementation can restore healthy levels. Yet many elderly patients are never tested, and when they are, the "acceptable" levels recommended by some authorities are likely too low to provide full protection. 2000 – 5000 IU or 50 – 125 mcg of D3 per day is a good start, guided by testing blood levels. Magnesium and Vitamin K2 are important companion nutrients to optimize vitamin D metabolism.

Medicine is very good at treating disease once it appears, but far less interested in preventing it. Vitamin D deficiency is a textbook example of this failure.

No vitamin is a magic bullet, and vitamin D is no exception. But ignoring a widespread deficiency that affects bones, muscles, immunity, and brain health makes no sense.

If there is a lesson here, it is one that's been repeated in this column many times: when common sense, biology, and well-conducted research point in the same direction, it's time to pay attention, no matter how long it takes conventional thinking to catch up.

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