

*Preparing for the death
of someone close to you*

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Information for relatives and friends

The doctors and nurses will have explained that there has been a change in the condition of your relative or friend. They believe the person is now dying and in the last hours or days of life.

Care needs are complex and changeable at this time. St Vincent's uses an internationally respected approach known as the Liverpool Care Pathway to review, assess and document each patient and family's individual needs more closely.

When someone is dying...

Accompanying someone during the last few days of life can be a very emotional, stressful and yet special time. This brochure is intended to help you understand the changes that may occur in the final stages as death approaches.

No two people are exactly alike and not everyone goes through the same processes or stages when dying.

A dying person may experience some, all or none of the following changes. Sometimes they occur only hours before death, sometimes a few days before, and others may continue for weeks.

Similarly, each person going through the experience of watching and waiting while a relative or friend dies will feel and react differently and this may vary from day to day.

This final stage may be very draining and although you may wish to be with the dying person as much as possible it is important to take some time out for yourself. A nap, warm bath, coffee or a meal out may refresh you.

There is no correct way to act – it is a personal journey and staff will respect your personal responses and requirements. A professional Pastoral Care practitioner is available during the day and can be a great help and support to you.

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How long?

No one can predict the exact time of death. For some, the time leading up to death may involve resolution of 'unfinished business' – it may be about settling practical matters, some important issues or a significant relationship. It may be about permission from close family and/or friends to let go. It may be about hanging on until a milestone is reached – a birthday, anniversary or other significant event.

On the other hand, sometimes there appears to be a peaceful acceptance, even an expressed desire for "it all to be over". It may, however, still take days for death to occur – it will happen in its own time.

Medicines and care

You will be involved in discussions regarding the care plan, with the aim that you fully understand the reasons why decisions are being made. If your relative or friend's condition improves then the care plan will be reviewed. Medicine that is not helpful at this time may be stopped and new medicines prescribed. Medicine for symptom control will be given at the appropriate dose and only when needed.

Eating and drinking

Loss of appetite and interest in food is a normal part of the dying process. The dying person often wants little or no food, taking sips of fluid only. This is a natural process, as the body is no longer able or needing to digest food. They may be unable to swallow, and attempting to feed a dying person can cause considerable distress or further complications.

Good mouth care is important at this time to keep the mouth moist, clean and comfortable. Nursing staff will explain how it is done if you would like to help with this.

Physical changes

Often an increasing amount of time is spent sleeping and the dying person may become uncommunicative, unresponsive and difficult to rouse. They may wish to be alone for periods of time. This may be an opportunity for you to take some time out and

return later. A lot of visitors can be overly stimulating and exhausting for a dying person.

Many families take turns sitting by the bedside to simply hold a hand, play gentle music and quietly say final goodbyes. Loss of consciousness does not necessarily mean loss of hearing or awareness.

There is often a loss of control over the bladder and bowel at this stage. We understand that maintaining the dying person's dignity is important and nursing staff will regularly attend to these needs.

A dying person may become very hot and perspire, or become cold and clammy, or there may be no change from normal. The feet, hands and tip of the nose may become quite cold and dusky in colour. This is the body starting to shut down and a sign that death is not far away. By this stage the person is usually not aware of any discomfort.

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Confusion and/or restlessness

There may be a fluctuating, muddled sense of time, place or person. Sometimes dying people see and talk to family members who are deceased. This may initially seem strange, but there is no need to be upset or to deny the reality of the dying person's experience.

Sometimes this is an adjustment to medications, but it is also the fact that the dying person is in transition. It may help to identify yourself when you approach, and to speak simply and clearly when you need to convey some information.

Breathing patterns

A change in breathing is significant. Breathing may become very shallow and rapid, or deep and slow, with long spaces between breaths. Sometimes the breathing becomes quite 'rattly' due to an inability to cough up secretions. The dying person is not usually distressed by this, although it may sound unpleasant to others. Repositioning may help in some cases and sometimes medication can help reduce secretions. Eventually the breathing will simply stop.

We welcome all cultural values, faiths and beliefs

There is no need to be afraid of death. Many people actually feel both relief and a profound sense of peace that the person they care about is finally at rest.

The St Vincent's care team respects the diversity of family and cultural values, religious and ethnic beliefs. If you have any special requirements or would like to speak with a Pastoral Care practitioner about arranging a small end of life ritual, please let the staff on duty know.

People tend to die as they live; simply being with someone and allowing them to die their own death is a true sign of respect and dignity.

Tears are a natural part of the grief process and saying goodbye. They do not need to be hidden or apologised for.

After death has occurred

Once death is confirmed by nursing staff or the doctor, take the time you need to adjust to this final reality. When you are ready, the nurses will come and tend to the person who has died.

We wash the person, dress them in fresh clothing and pack up any belongings. If you have any particular requests, or wish to be part of this closure, please let us know.

A Pastoral Care practitioner can help and support you at this time – making phone calls, contacting funeral directors, talking through your feelings or praying with you if you wish.

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Funeral planning

Around the time of death, grief can be intense and we strongly recommend choosing a funeral director in advance. A Pastoral Care practitioner can provide information about funeral planning.

Some of St Vincent's sites do not have a mortuary, so there is a limited time that we can hold the deceased person before transfer to the funeral director.

Please ask any questions at any time, no matter how insignificant you think they may be. The dying experience may be unfamiliar to you and our staff members are here to explain, support and care.

Contact us

Caritas Christi Hospice
104 Studley Park Road, Kew
Tel: (03) 9853 2344

St Vincent's
Level 6, Main Hospital
41 Victoria Parade, Fitzroy
Tel: (03) 9288 4697

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Mission

*Our health service is based on and driven by our quest for:
Compassion – Justice – Human Dignity – Excellence – Unity*