



# What to expect

Helping a loved one through  
the process of dying



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# What to expect

## Helping a loved one through the process of dying



**A**lthough death is a part of life, most of us have little experience with the dying process. We've prepared this booklet to help support you and your loved one through his or her final days and hours.

This booklet is organized into three sections that address the emotional, physical and spiritual aspects of the dying process. Many changes occur as death approaches. Not everyone who is dying will experience all of the changes described here.

If you have questions at any point about your loved one's condition, your bedside nurse or hospice nurse will be glad to answer them.

# Easing the mind



## Communication

We're often concerned about how to express our feelings when a loved one is dying, and often we worry about saying the right things. It is normal in these circumstances to feel sad, helpless or awkward. Relating to your loved one honestly and authentically affirms your bond and lessens the likelihood that she will feel rejected or isolated.

Here are some helpful guidelines if you find yourself struggling with what to say or how to say it:

- ◆ Speak directly to your loved one instead of about her to others in the room.
- ◆ If she wants to talk about death, listen actively. Resist the urge to change the subject to “cheer her up.”
- ◆ Allow deeper conversations. People who are dying want to know that their lives have meaning. Ask her to share her favorite memories, and share yours of her.
- ◆ If she is reluctant to share her feelings because of denial or a wish to protect her loved ones, ask if she'd like to speak with a chaplain or counselor.
- ◆ Even if her eyes are closed and she is unresponsive, she likely can hear your words.
- ◆ When words fail, be assured that your presence alone can be meaningful and reassuring.

## Surroundings

If you have brought your loved one home, you can create a comforting and familiar environment for his last few days.

- ◆ If he prefers solitude, create a quiet room with warm lighting, soft music and photographs of family and friends.
- ◆ If he enjoys the bustle of family, allow relatives to gather and children to visit.



- ◆ Household pets have been known to stay close to the person who is dying. If they do not cause physical discomfort, pets can provide a calm support.
- ◆ Touch is a pure form of communication. Hold his hand, gently stroke his forehead or massage his hands and feet. He may also be comforted by lotion rubbed gently into the skin.
- ◆ If he is in a hospital, ask your nurse what changes can be made to the room to make it more peaceful and comfortable for your loved one and family/friends.

## **Withdrawal**

As the person's strength decreases, she will likely show less interest in activities, surroundings or people. She will likely limit interactions to just a few family members or friends. She may stop speaking in the final days.

This is common in the dying process. It is the beginning of letting go. It's natural for you to feel sad or even rejected if this happens. If you are a close family member or friend, your presence will continue to communicate your love and care.

Because hearing remains until the end, speak in a calm, normal tone and know that you will be heard.

- ◆ If she is sleeping, do not try to awaken her.
- ◆ Touch becomes important now.

# Comforting the body



## Changes in appetite

The person who is dying will gradually stop eating or drinking. We often offer food as an expression of love and concern; however, it is normal in the dying process for your loved one to stop experiencing hunger or thirst. In fact, eating and drinking can cause physical discomfort during the last days.

- ◆ Respect your loved one's decision; do not try to force food or drink.
- ◆ If he is still eating, this is a good time to prepare his favorite foods.
- ◆ Ask the nurse for suggestions about what foods and fluids your loved one may tolerate and in what amounts.
- ◆ If he wishes, give him sips of fluid, ice chips or swab his mouth.

## Temperature and skin changes

The person's skin, especially on the hands, legs and feet, may become increasingly cool to touch and may appear darker or blotchy. The brain may send confusing messages to the body, causing the person to feel hot or cold.

- ◆ Add or remove blankets as needed.
- ◆ If she is perspiring, press a cool washcloth against her forehead.
- ◆ Lips, hands and feet may be bluish in color.
- ◆ Place an electric fan nearby. It can help to relieve shortness of breath if it is directed at her cheek.

## Confusion, restlessness

It's possible that your loved one will become confused, restless or agitated. This may be caused by decreased oxygen levels, fear, discomfort or the effects of medication.

- ◆ Allow him to move freely. Restraint may actually increase his restlessness.
- ◆ You might try a light, soothing massage on the forehead, hands or feet.
- ◆ Avoid over-stimulation, and limit the number of visitors in the room.

- ◆ If he appears uncomfortable, call the nurse immediately. Many medications can ease anxiety, agitation or pain.
- ◆ Soothing music can help ease agitation and restlessness.

### **Decrease in urine, loss of control**

As the person drinks less, her urine will become more concentrated and darker, and it may have a stronger odor. As the body weakens, it's common for the person to lose bowel and bladder control. This change can be upsetting to both you and your loved one; however, it is a normal result of the changes in the body.

- ◆ Keep her warm and dry, using disposable pads if necessary.
- ◆ Change soiled bed linens.
- ◆ Ask the nurse about a urinary catheter.

### **Congestion and breathing changes**

Fluid will begin to collect in the lungs and throat, causing gurgling and rattling sounds. Although these sounds can be disturbing to hear, they cause little or no distress to your loved one.

His breathing may become fast and shallow, followed by deeper, irregular breaths. He may stop breathing entirely for up to a minute. He may moan when exhaling. This does not mean he is in pain or is suffering; it is simply air moving over relaxed vocal cords.

- ◆ Raise the head of the bed slightly.
- ◆ Share any concerns with your nurse.



# Honoring the spirit



## **Spiritual and dream experiences**

As the person moves closer to death, she may begin to alternate between the physical and nonphysical realms. It is not unusual for the person to speak symbolically about her death, asking for help to “pack my bags” or “go home.” Dreams of embarking on a journey are also common.

She may talk to people whom we cannot physically see. Often this is a family member or friend who has died. Sometimes the person will report seeing the place to which she will travel after death. These experiences prepare a person for death and are a normal, natural part of the dying process. For the caregiver, this is an indication that your loved one is in the final days of her life.

- ◆ Encourage your loved one to talk about what she is experiencing. Be open to what she is sharing.
- ◆ Do not try to talk her out of her experience.
- ◆ If she is frightened, offer comfort.

## **Saying good-bye**

It is difficult to let go of someone you love. A dying person sometimes lingers, even at the risk of discomfort, if he feels the family is not prepared to let go.

You can reassure him by giving permission to go when he is ready and letting him know that you have the strength to carry on.

- ◆ Say good-bye in your own way. This may include offering words of love, forgiveness or gratitude; quietly holding his hand and sending love; or talking about significant or funny times.

- ◆ It may be helpful to call out-of-the-area friends and family and hold the telephone to his ear to hear good-byes.
- ◆ Rituals can be meaningful at this time. If you are seeking support for a ritual for the dying process, your pastor or a chaplain from the hospital or hospice can be a good resource.
- ◆ Let him know that you'll miss him, but you'll be OK.
- ◆ Tears are a natural part of saying goodbye. You don't need to hide them or apologize for them. They are normal expressions of grief and love.



# When death occurs



## Caring for your loved one after death

We believe that dying is a sacred event. When your loved one dies, a nurse or physician will confirm that she has died and record the time of death. Your loved one's body will stay warm for a short while and will become cooler as time passes.

- ◆ You may want to spend time with your loved one's body.
- ◆ You may want to sit quietly, offer prayers or sacred readings, or honor her by gently washing her body, combing her hair, or applying lotion or oils.

If your loved one dies in a hospital, the staff will make every effort to allow you to be with your loved one for as long as you need. The hospital will remove unnecessary equipment from the room, and may call a chaplain to offer spiritual and emotional support or to answer questions. A nurse will care for your loved one's body and later help to move her to the mortuary.

If your loved one dies while receiving hospice care at home, the hospice team will be available to support you at the time of death and during your bereavement.



# Providence Pastoral Services



## Seeking spiritual care

People facing illness or death often seek spiritual support. For some, spirituality is rooted in a specific religious tradition. For others, it embraces many viewpoints and philosophies. Chaplains believe that every human life is sacred and valuable and that an intentional spiritual life can offer wholeness and peace.

## Open to all faiths

Whatever your beliefs, chaplains can help with spiritual questions and with issues related to grief, life changes, diagnoses or serious conditions. Chaplains provide nonjudgmental, confidential support for patients, friends and families. They work with people of all religious faiths, as well as those who have no faith tradition.

## To reach a chaplain

*At a Providence hospital:* Chaplains visit patients daily and are on-call evenings and weekends. At Providence St. Vincent Medical Center and Providence Portland Medical Center, they are on-site 24 hours a day, seven days a week. To talk with a chaplain, call the hospital operator or ask your nurse to help.

Providence Hood River Memorial Hospital .....	541-387-8901
Providence Medford Medical Center .....	541-732-5000
Providence Milwaukie Hospital.....	503-513-8300
Providence Newberg Medical Center.....	503-537-1555
Providence Portland Medical Center .....	503-215-1111
Providence Seaside Hospital .....	503-717-7000
Providence St. Vincent Medical Center .....	503-216-1234

*Through Providence Hospice or Palliative Care:* If you or a loved one is a Providence Hospice or Palliative Care patient, the hospice team can put you in touch with a chaplain.

Providence Hospice (Medford area).....	541-732-6500
Providence Hospice and Palliative Care (Portland) ....	503-215-2273 (CARE)

## OUR MISSION

As people of Providence,  
we reveal God's love for all,  
especially the poor and vulnerable,  
through our compassionate service.

## OUR CORE VALUES

Respect, Compassion, Justice,  
Excellence, Stewardship

This booklet is a project of Providence Center for Health Care Ethics.

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