7. Emotional and Spiritual Signs of Approaching Death

As part of the preparation for death, some people become more withdrawn from family and friends with less interest in conversation. Things that used to be of interest become less important.

Some may enjoy reminiscing as part of reviewing their life and it also helps confirm that they will be remembered.

Others may want quiet as they turn more inward. This can be a time of spiritual searching or you may see them become more peaceful as they rest in their beliefs.

Some people experience visions and have conversations with those not visible to you. It is best not to contradict or argue with them because it is their reality.

Some religions have customary practices around dying and death that can be of comfort to the dying person. This may be something you can arrange for the dying person by contacting their own religious leader; or, the hospital Chaplain or nurse are available to assist.

The person who is dying is grieving like you are. They also experience a continuum of loss such as employment, independence, relationships, roles in life, many physical losses and, eventually, their life. They may feel sad, angry, and/or afraid as they see death approaching and knowing they will have to leave their loved ones behind.

Loved ones commonly state that they want to be "strong" around the person who is dying, meaning they don't want to cry or cause their loved one to feel sad. Sadness is a natural part of dying for both you and the one you are losing, and tears can be both a release and intimate time of sharing sorrow.

Support

Spiritual and emotional support is available for patients and families at all times, either through the hospital chaplain or on-call clergy.

Contact us at : 905-845-2571

- Georgetown Ext. 8419
- Milton Ext. 7319
- Oakville Ext. 6767



Georgetown Hospital 1 Princess Anne Dr. Georgetown, ON L7G 2B8 905- 873-0111

Milton District Hospital 725 Bronte St. S. Milton, ON L9T 9K1 905-878-2383

Oakville Trafalgar Memorial Hospital 3001 Hospital Gate Oakville, ON L6M 0L8 905- 338-4690

Adapted from Kansas City Hospice and Palliative Care



My Loved One Is Dying.... What Can I Expect? What Can I Do?



Preparing for Approaching Death

Form # H3207

10/2017

Although it is impossible to be completely prepared for someone's death, it can help to know what you may experience during those final days of life.

This pamphlet is only a guide and, since everyone is unique, we suggest you speak with your nurse or doctor for more information regarding your loved one.

As death approaches, the body begins its process of shutting down. The following physical, emotional, and spiritual signs and symptoms may be seen but not necessarily all of them, nor in any particular order.

Physical Signs of Approaching Death

1. Food and Fluid

Withholding and withdrawing fluid and/or food may be perhaps the most distressing aspect of care for families, causing emotional, ethical and/or spiritual unrest.

As the body begins to shut down, there is typically a decrease in appetite and thirst. Since eating and drinking are needed to sustain life and wellness, we usually encourage others to eat/drink when they are not motivated or able to do so. But this is not necessarily the best choice for someone who is dying because eating and drinking may cause them discomfort. It can also become a choking risk for those whose swallowing is growing weaker. It is important that the patient is awake and alert before giving them anything to eat or drink, and not to force food upon anyone who is too weak to swallow.

When swallowing stops, nurses and family members may provide mouth care to patients by cleansing and moistening their mouth and lips with swabs. For those on intravenous (IV) fluid, there may come a time when the doctor or nurse will speaks with you about stopping the artificial fluid intake; this is because it is a source of discomfort and may be prolonging the dying process.

2. Bladder and Bowels

As food and fluid intake decreases, there will be less urine and stool output. Bladder and/or bowel control may be lost as muscles relax, so the nurse may need to insert a catheter to drain the bladder and/or use adult diapers. The nurse will provide the necessary skin cleansing and care.

3. Confusion and Restlessness

With changes to the body and certain medications, confusion and restlessness are not unusual.

Your loved one may become confused about such things as where they are, what is happening, and even who you are. They may see things and reach out to objects that you don't see (hallucinate), try climbing out of bed and possibly removing their clothes or bed linens.

It is important to remain calm in your speech and actions in order to reduce the patient's agitation. Do not argue with them about what they are thinking and experiencing; when you need to communicate something important, give them clear, honest information/instruction.

Sitting quietly in the room or by the bedside can be a calming influence as touch, quiet music, and reading something comforting.



4. Sleeping

As your loved one declines in health, they will sleep more and more. Medications given for comfort will also increase drowsiness. It may become more difficult to awaken them and they may become unresponsive to your voice and touch; however, that should not prevent you from speaking or touching them as it is believed that hearing and touch awareness remain until death. Keeping this in mind, it may be better to conduct some conversations outside of the patient's room.

5. Breathing and Congestion

You may notice changes in the breathing of your loved one. Breathing may become shallow, laboured or irregular. With progressive weakening, there are often periods of no breathing (called apnea). These pauses between breaths can last many seconds, making you wonder if it is the last breath. This new pattern of breathing is normal to the body shutting down and it can last from hours to days.

As part of the respiratory decline, fluid can begin to settle in the lungs causing gurgling sounds. Medication will likely be given to help reduce the secretions, and regular repositioning of the patient in their bed is part of the care plan.

6. Skin

You may notice changes in skin colour as the circulation of blood slows down. Hands, feet, and legs will become mottled (purple blotching) and cool to touch. Although the patient generally does not feel uncomfortable, an extra blanket can be applied.