Preparing for the Dying Process

When a person enters the final stage of the dying process, two closely interdependent components are at work. On the physical plane, the body begins the final process of shutting down and will end when all physical systems cease to function. Usually this is an orderly and undramatic progressive series of physical changes that are not medical emergencies requiring invasive interventions. These physical changes are a normal, natural way in which the body prepares itself to stop, and the most appropriate kinds of response are comfort-enhancing measures.

The other component of the dying process is the emotional-spiritual-mental plane and is a different kind of process. The “Spirit” of the dying person begins the final process of release from the body, its immediate environment and all attachments. The release tends to follow its own priorities, including the resolution of whatever is unfinished, reconciliation of relationships and reception of permission to ‘let go’ from family members. These ‘events’ are a normal, natural way in which the spirit prepares to move from a materialistic orientation to a new dimension. The most appropriate kinds of responses to the emotional-spiritual-mental changes are those that support and encourage this release and transition.

When a person’s body is ready and wanting to stop, but the person still has unresolved or unreconciled issues, the person will tend to linger, even though they are uncomfortable or debilitated, to make sure they are resolved. On the other hand, if a person is emotionally-spiritually-mentally ready to pass, but their body has not completed the physical process, the person will continue to live until physical shut down is completed.

The experience of death is when the body completes the process of shutting down and when the spirit completes reconciliation and finishing. The processes should be completed in an appropriate manor according to the dying person’s values, beliefs and lifestyle, so that death can occur peacefully. Therefore, as you seek to prepare yourself for this event, the members of your Palliative Care team want you to know what to expect and how to respond in ways that will help your loved one accomplish transition with support, understanding and ease. This is the great gift of love you have to offer your loved one as this moment approaches.

The following physical, emotional and spiritual signs and symptoms of impending death are offered to you to help you understand the natural things that may or may not occur and how you can respond appropriately. These signs/symptoms may not occur with every person and not in this sequence. This is not the time to change your loved one, but the time to give full acceptance, support and comfort.
Normal Physical Signs and Symptoms with Appropriate Responses

1. **Coolness**
   The person’s hands, then arms and feet, then legs become increasingly cool to the touch. At the same time, the color of the skin may change. This is a normal indication that the circulation of the blood is decreasing to the body’s extremities and being reserved for the most vital organs. Keep the person warm with a blanket, but do not use an electric one.

2. **Sleeping**
   The person may spend an increasing amount of time sleeping and appear to be uncommunicative and unresponsive. This normal change is due, in part, to changes in the metabolism of the body. Sit with your loved one. Hold his or her hand. Do not shake or speak loudly, but speak softly and naturally. Do not talk about the person in their presence. Speak to them directly as you normally would even though there may be no response.

3. **Disorientation**
   The person may seem to be confused about the time, place and identity of people surrounding him or her. This is due, in part, to metabolism changes. Identify yourself by name before you speak rather than to ask the person to guess who you are. Speak softly, clearly and truthfully when you need to communicate something important for the patient’s comfort, such as, “So you won’t begin to hurt.”

4. **Incontinence**
   The person may lose control of urine and/or bowel matter as the muscles in that area begin to relax. Discuss with your Palliative nurse what can be done to protect the bed and keep your loved one clean and comfortable.

5. **Congestion**
   The person may have sounds coming from their chest as though marbles are rolling around inside. This normal change is due to the decrease of fluid intake and an inability to cough up normal secretions. Suctioning usually only increases the secretions and causes sharp discomfort. Gently turn the person’s head to the side and allow gravity to drain the secretions. You may also wipe the mouth with a moist cloth. The sound of the congestion does not indicate the onset of severe or new pain.

6. **Restlessness**
   The person might make restless and repetitive motions. This often happens and is due, in part, to a decrease in oxygen circulation to the brain and metabolism changes. Do not interfere with or try to restrain such motions. To have a calming effect, speak in a quiet natural way; lightly massage the forehead; read to the person; or play some soothing music.
7. **Fluid and Food Decreases**
   The person may begin to want little or no food or fluid. This means the body is conserving energy that would be used for digestion for other functions. You may offer food and drink, but please don’t be forceful. To do this could make the person much more uncomfortable. Small chips of ice, frozen Gatorade or juice may be refreshing in the mouth. Mouth swabs may help keep the mouth and lips moist and comfortable. A cool moist washcloth on the forehead may increase physical comfort. Palliative Care team members are available to help you deal with this often difficult situation. It is important to know that loss of appetite is a natural part of the dying process.

8. **Urine Decreases**
   The person’s urine output decreases due to decreased fluid intake, as well as decreases in circulation through the kidneys. Consult with your Palliative Care nurse to determine whether there may be a need to insert or irrigate a catheter.

9. **Breathing Pattern Changes**
   The person’s regular characteristic breathing pattern may change with the onset of a different breathing pace alternated with periods of not breathing. This is called the “Cheyne-Strokes” symptom and is very common. It indicates decreased circulation in the internal organs. Elevating the head may help bring comfort. Hold his or her hand and speak gently.
Normal Emotional, Spiritual and Mental Signs and Symptoms

1. **Withdrawal**
   The person may seem unresponsive, withdrawn or in a comatose-like state. This indicates preparation for release, a detachment from surroundings and relationships, and a beginning of “letting go.” Since hearing remains all the way to the end, speak to your loved one in your normal tone of voice, identifying yourself by name when you speak. Hold his/her hand and say whatever you need to say that will help the person “let go.”

2. **Vision-Like Experiences**
   The person may speak or claim to have spoken to persons who have already died or to see or have seen places not presently accessible or visible to you. This does not indicate a hallucination or a drug reaction. The person is beginning to detach from this life and is being prepared for the transition, so it will not be frightening. Do not contradict, explain away, belittle or argue about what the person claims to have seen or heard. Just because you cannot see or hear it does not mean it is not real to your loved one. Affirm his or her experiences. They are normal and common. If they frighten your loved one, explain to him or her that they are normal.

3. **Restlessness**
   The person may perform repetitive and restless tasks. This may, in part, indicate that something is still unresolved or unfinished that is disturbing him/her and preventing him/her from “letting go.” Your palliative care team members will assist you in identifying what may be happening and help you find ways to help the person find release from the tension or fear. Other things that may be helpful in calming the person are to recall a favorite place the person enjoyed, a favorite experience, to read something comforting, play music and give assurance that it is okay to “let go.”

4. **Decreased Socialization**
   The person may only want to be with a very few or even just one person. This is a sign of preparation for release and affirming of who the support is most needed from in order to make the approaching transition. If you are not part of this “inner circle” of support, the person needs your affirmation, support and permission.

5. **Unusual Communication**
   The person may make a seemingly “out of character” or unusual statements, gestures or requests. This indicates that he or she is ready to say “Goodbye” and is ‘testing’ to see if you are ready to let him or her go. Accept the moment as a beautiful gift when it is offered. Kiss, hug, hold, cry and say whatever you most need to say.
6. **Giving Permission**

Giving permission to your loved one to let go without making him/her feel guilty for leaving or trying to keep him/her with you to meet your own needs can be difficult. A dying person will normally try to hold on, even though it brings prolonged discomfort, in order to be sure that those who are going to be left behind will be all right. Therefore, your ability to release the dying person from this concern and give him/her assurance that it is alright to let go whenever he/she is ready is one of the greatest gifts you have to give your loved one at this time.

7. **Saying Goodbye**

When the person is ready to die and you are able to let go, then it is time to say “Goodbye.” Saying “Goodbye” is your final gift of love to the loved one for it achieves closure and makes the final release possible. It may be helpful to lie in bed with the person and hold him/her or to take their hand. Then say everything you want or need to say so that afterward you never say to yourself, “Why didn’t I say this or that to him/her?” It may be as simple as saying, “I love you.” It may include recounting favorite memories, places and activities you shared. It may include saying “I’m sorry for whatever I contributed to past tensions or difficulties in our relationship.” It may also include saying, “Thank you for...” Tears don’t need to be hidden from your loved one or apologized for. Tears express your love and help you let go.