

Five Emotional Signs that Death is Nearing

Many times in hospice we focus on the physical signs that death is nearing but recognizing and understanding the emotional signs is just as important.

1. Social Withdrawal

Your loved one may begin to have a desire to decrease her social interaction. As the body shuts down, the dying person may lose interest in people around them. They will stop talking, interacting and keeping up with the conversation. They could also mumble and ramble to themselves.

Near the very end

There may be a lucid period where your loved one is very awake, alert, about and interactive. This is often misinterpreted as getting better. This can last from one hour up to two days. It appears that many people go through this part of the process and awaken for one last meaningful interaction before death (See #2).

How you can help

- Understand that this withdrawal is not personal. It is a natural and normal part of the dying process.
- Use everyday activities like medication administration, meal time, and other aspects of care as a way to interact and connect with your loved one.
- Continue to talk and provide gentle touches and soft voices.
- Remember and teach others that alert moments are to be treasured and are not necessarily a sign of improvement

2. A Desire to Conduct Life Review

During a time of awakefulness your loved one may wish to talk about her past, her childhood, early adulthood, raising her children and many other memories from long ago. Some of these memories may be factual and others may be a combination of hopes, dreams, regrets and truth.

Near the very end

Your loved one may have a few moments of lucidity and wish to talk through a regret, favorite memory or dream. These moments will be brief and fleeting.

How you can help

- Allow your loved one the freedom to talk through whatever she wishes. Do not push for the “truth” but allow her mind and heart to release what is inside.
- Treat each interaction as a treasured moment. Try not to get discouraged if he “does not make sense”. Try to see the beauty in each story. The soul does a lot of healing during this time.
- In the hospice world it is believed that hearing is the last sense to go. Talk to your loved one and share some of your favorite memories with her.

3. A Desire to Discuss Funeral Plans and Final Details

Many times towards the end of life the person that is actually dying is much more at peace than the family around. It seems to be easier to leave than to be left. Your loved one may wish to discuss her funeral, or his desire to not have a feeding tube or even that she wants her granddaughter to have the family china. This is a very natural process for a person to go through.

Near the very end

The hope is that all of this is completed before a person nears the very end. But, if your loved one is hanging on and appears to be having a hard time “letting go” perhaps reassuring him that all of his wishes will be carried out, that the family will be taken care of and that there is nothing more for him to complete can help in this process.

How you can help

- When your loved one wants to discuss funeral plans or final details do not brush them off saying, “We are not going to talk like that! You will be just fine.” This is very insulting and disrespectful to what she is feeling.
- Sit down and take notes on what he is saying. Talk with the hospice social worker if you need assistance with a Do-Not-Resuscitate order, Living Will, Power of Attorney or funeral plans.

4. Confusion and/or Disorientation

Several types of confusion exist and may be experienced by your loved one during this process.

Delusion

Your loved one will believe something that is not real. This is seen when a patient will tell an elaborate story from the past that is not true, but they believe it to be true.

Dementia

This is a diagnosable loss of cognitive ability.

Delirium

An acute confused state that usually resolves itself over time.

Paranoia

Irrational delusion that includes belief in persecution and conspiracy. The patient will often be fearful and may refuse food thinking that someone is poisoning him.

Near the very end

Your loved one may hallucinate and speak to people who are not in the room. Often family and friends report that their loved one was talking to someone that has already died. This is thought to be a sign of near death, some believe it is a celestial visit to prepare someone for death.

How you can help

- Understand that confusion is a symptom of the brain failing, therefore, do not argue with your loved one at this point; you will not be able to re-orientate them.
- Speak softly and provide a calm environment with minimal visitors.

- Identify yourself when you approach to decrease the panic that some patients feel when they can't remember names and relationships.

5. Excessive Fatigue and Sleep

Your loved one may start to increase the number of hours they sleep and not wake fully when they are awake. As death nears, the person's metabolism slows contributing to fatigue and an increased need for sleep. The increase in sleep and loss of appetite seem to go hand in hand. A decrease in eating and drinking creates dehydration which may contribute to these symptoms.

Near the very end

Your loved one may become difficult to arouse or have only brief periods of lucidity.

How you can help

- Provide a quiet environment to allow rest.
- Be an advocate for your loved one with friends and family by encouraging quiet voices and not too many visitors at one time.
- Explain to family and friends the reasons behind why your loved one is sleeping more.
- Assume your loved one can still hear you. It is widely believed that hearing is the last sense to go.
- Never underestimate the power of providing a silent presence to your loved one. He will be able to feel your love and quiet peace. What an incredible last gift.

References

1. Fairview Hospice, Fairview Health Services. Family Handbook of Hospice Care. Minneapolis, MN: Fairview Hospice. Fairview Health Services, 1999. pp. 131-141
2. Leming, Michael R. and George E. Dickinson. Understanding Dying, Death, and Bereavement. 3rd ed. New York, NY: Harcourt Drace College Publishers, 2004. Print.