The dying process
Information for carers
Not all of us have been present when someone dies, but the moment of death is often peaceful. This brochure may help you understand, anticipate and respond to some of the signs you might notice before, during, and after death.

Caring for a person during the last few weeks and days of their life can be distressing, demanding and tiring. Many different feelings and emotions may surface at this time.

Carers often worry that death will be painful. However, the time before death, and moment of death, are generally peaceful. There is a gentle winding-down that may take several days. The body starts to ‘let go’ of life. If restlessness does occur, it can be treated.

Not all of the signs mentioned in this leaflet will occur with every person, nor will they occur in any particular sequence. Sometimes these signs appear a few hours before death, sometimes a few days. These physical signs are part of the normal, natural process of a person’s body gradually slowing down.

Apart from the signs described here, you may notice other changes that worry you. The palliative care team can assist you by providing information and support.

Please ask for help at any time. The palliative care team expects to have increased contact with you in the last stages of the person’s life.

You can bring enormous benefit to the person you are caring for simply by sitting with them, holding their hand and speaking in a calm and reassuring manner. Even if the person does not respond, they can probably hear you. Don’t underestimate the value of these simple things. ‘Being with’ can be more important than ‘doing for’.

Changes you may notice and what you can do to help

**Appetite and thirst**

The person’s appetite and thirst may decrease, and they may have little desire to eat or drink. This concerns many carers, but it is a natural process and it is not painful for the person. Sips of water or a moist mouth swab will help provide comfort. You can ask the nurses to show you how to help with mouth care. Attempting to feed someone who is unable to swallow may make them distressed and cause harm.

**Sleep and alertness**

Changes in the person’s body mean that they may spend a lot of time asleep, may be drowsy or difficult to wake up. It is best to talk to the person when they seem most alert, and allow them to sleep when they want to. There is no need to shake the person or to speak loudly. It is best to speak softly and naturally.
**Temperature**

The body’s temperature may change. Sometimes the person’s hands, feet and legs may be increasingly cool to the touch, and at other times they may feel hot and clammy. Sometimes, parts of the person’s body may become blotchy and darker in colour. This is due to the circulation of the blood slowing down and is a normal part of the dying process. If the person indicates that they feel cold, use light bedding to keep them warm. Too many bed clothes or an electric blanket may make them hot and restless. Provide good ventilation; a fan to circulate the air and cool damp towels can help if the person seems hot.

**Breathing**

Regular breathing patterns may change. Sometimes the breathing may be fast, and at other times there may be long gaps between breaths. Breathing may be shallow or noisy. This is a normal part of the dying process and is not painful or distressing for the person.

**Secretions**

As coughing and swallowing reflexes slow down, saliva and mucus may collect in the back of the person’s throat, causing a gurgling, bubbling or other noises. These noises can be a concern to carers, but do not usually cause distress to the person. To help improve the situation, you can turn the person on their side or lift their head supported with pillows, so that their head is turned to one side in a comfortable position. Medications can also be given to slow down the production of saliva and mucus and thus improve comfort.

**Restlessness**

Due to the decrease in circulation of blood to the brain and to other changes happening in the body, the person may become restless or agitated. To have a calming effect, speak in a quiet natural way, lightly massage the person’s hand or forehead, or softly play familiar music. Let a palliative care team member know if the person becomes restless or agitated. Medications can be given to reduce the problem.

**Incontinence**

The amount of urine that the body is producing decreases due to the reduced amount of fluid the person is drinking. The urine may become stronger smelling and darker in colour.

Many carers are concerned that the person will lose control of their bladder and bowels. This does not happen to all people, but if it does, there are pads, easy to use equipment, and special absorbent sheets, to enhance comfort and hygiene. A member of the palliative care team can advise you about what is needed.

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What should you do?

You don’t have to contact anyone immediately unless you want to. It is important that you do everything in your own time. You should contact the palliative care team so they can guide and support you at this time. If the person dies during the night you can wait until morning before you notify the doctor or nurse, or you can call them straight away, ideally discuss this with the palliative care team early on so you have a plan you are comfortable with.

The person’s body can stay at home for a while, especially if you would like friends and relatives to come and say their goodbyes.

You can sponge away any perspiration or body fluids that worry you. It is not necessary to bathe the person completely, unless you want to. The palliative care team can help you to do this if you would like to.

Turn off or remove sources of heat such as room heaters, electric blankets and hot water bottles. It is also important to straighten the person because their limbs will stiffen, and if you can, replace dentures if they were removed.

When you are ready, and the death certification has been completed by a registered practitioner, you can contact the funeral director who will take the person’s body and guide you through any funeral arrangements.

Disclaimer: PCA advises the information in this brochure is not clinical advice. Your health care decisions are best made in consultation with your practitioner. PCA provides these links for information purpose only.