

“There at the end (and just after)” // A Panel Conversation
“The Final Undertaking: Exploring Death’s Journey” // Part 3
2019-05-26 // Wildwood Mennonite Church

Over the first two weeks of this series, we talked about facing our own mortality and about walking with loved ones who are elderly or are facing terminal illness. In this third service, we moved to a closer look at the final days and hours and moments of that journey.

To guide us through this, we heard from a panel of professionals who have been around death many times in their work. They don’t have answers to all of the things we want to know, but there is much wisdom in what they shared.

The panel:

Linda - recently retired from a career in nursing, particularly in as Director of Care in a seniors’ care home.

Kaylene - currently working as a nurse at St Paul’s Hospital, the palliative care and surgery wards.

Peter - former funeral director in BC’s Lower Mainland and also pastoral ministry.

The audio recording of the full conversation is also posted on the WMC website along with this pdf, and it’s really worth the time to listen.

Some of the questions we discussed as well as resources that were mentioned continue here:

- What is it like to work around death so closely?
- What are the essential things that you would like patients/clients to have prepared before they come to be in your care? What might a “death plan” include?
- What is the role of family and friends in offering care to a loved one who is dying?
- What can you say about the emotional and spiritual side of dying?
- What are some common physical markers of a person progressing through the dying process?
- What happens to a body after death, between the hospital/home and the “final resting place”?

FINAL MOMENTS OF DYING. - A description from Linda

These are the physical processes we see in the dying.

Every disease (emphysema, AIDS, cancer) does not bring the same type of death.

Each death depends on many factors:

- the person's age,*
- the progression of the illness*
- the presence or history of other health problems*
- the systems or organs failing most quickly.*

The last months of life for a person with terminal illness can have many possible scenarios.

Some people experience many troublesome symptoms while other seem to have none.

A few look and feel comparatively unchanged til weeks or days before dying. Some have episodes of acute illness interspersed with periods of feeling well. Others have a gradual decline.

Some die in their sleep or in comas others are aware and even communicate until their last breaths.

For a lay person, the thought of caring for someone dying, especially at home, can be frightening and overwhelming. But the best care possible is usually that given by family and friends.

Common issues for those dying are:

- *weight gain or loss*
- *bones so brittle that snap when bumped*
- *problems with bruising or bleeding*
- *rashes or fragile skin that can easily break down*
- *hair loss*
- *increased weakness and fatigue....becoming unable to walk, turn themselves in bed, concentrate on conversation or even open their eyes*
- *sense of taste can change...favourite foods become bitter or unappealing*
- *many lose interest in foods and/or fluids....that's OK. This is nature's way of the body slowing down and actually increasing their comfort by decreasing their symptoms such as vomiting, pain in swallowing or difficulty in breathing. Putting small amounts of liquids into their mouths when they can no longer swallow increases the risk of it running into their lungs. Rather cleanse the mouth with wet sponges and moisten the lips with a bit of cream or special moistening gel. At this time many oral medications are discontinued and those needed such as for pain can be given in other ways than orally.*
- *Sometimes mucous gathers in the mouth, throat or lungs, making a rattling noise. Turning them on their side or applying a tiny scopolamine patch behind the ear t helps dry up excess secretions..*
- *Some reverse their schedules sleeping in the day and up through the night...which can be exhausting to caregivers.*
- *Some have no pain while other have mild to moderate pain that can be easily controlled. Others have severe pain that expert assessment and care are needed to bring it under control.*
- *Some are calm*
- *There may be involuntary movements or twitching.*

- *Some have periods of mild to extreme anxiety: fidgeting, picking at bedding and/or clothing*
- *Others have dementia...losing the ability to think, remember or reason.*
- *Oxygen need only be given if they are having difficulty in breathing.*
- *Body temperature may rise yet hands and feet feel cool and even turn blue and mottled. Sometimes lips and nails turn blue. If they experience profuse sweating, they may need extra sponging and change of linens.*
- *There is usually a decrease in urine output and at times incontinence occurs.*
- *They may spend much of the time resting or sleeping*
- *Often sleep deepens leading to unconsciousness*
- *Breathing may be louder for awhile then very faint and quiet.*
- *Gradually breathing slows, becomes irregular, speeding up for awhile, and then slowing down. As death nears, there is irregular breathing that even stops for several seconds before starting again. This is known as Cheyn Stoking.*

As death approaches, one gets weaker and sleepier, appearing to not pay attention to what is being said. Their eyes remain half open whether sleeping or awake.

But remember...they can still hear, as hearing is the last sense to fade. Speak TO them, not ABOUT them...Don't say anything you would not want them to hear.

- *Sometimes the last few breaths sound like sighs.*
- *If the dying person is alert, you may see a slight smile or a look of farewell. Their eyes may lose focus and then close.*
- *If they are unconscious...you may hardly realize their last breath.*

On an emotional level, nearing death needs a special knowledge about and sometimes a control over the process of dying. This awareness reveals what dying is like and what is needed in order to die peacefully. The attempts of dying people to describe what they are experiencing may be missed, misunderstood or ignored because the communication is unclear, unexpected or expressed in symbolic language.

In the final hours, days or weeks of life, dying people often make statements or gestures that seem to make no sense. By keeping open minds and by listening carefully to dying people, we can try to understand messages they convey through symbol or suggestion.

Sometimes patients seem to experience being in the presence of someone not alive, the need to prepare for travel or a change, mentions of some place they alone can see, or their knowledge of when death will occur. Some refer to the peace and beauty of another place invisible to those around them.

Dying people are not bothered by these experiences but find them generally pleasant, reassuring and even comforting.

Another very important aspect of nearing death is the need for reconciliation. Dying people develop an awareness that they need to be at peace. To them some things feel unfinished, perhaps issues that seemed insignificant or that happened long ago and now they realize their importance and want to settle them. To die peacefully it seems they have a need to reconcile for healing whether by an apology or expressing gratitude.

Most people as they are dying want to feel that their lives have been significant;- that they have made some difference in this world and in the lives of those around them.

They also have a deep concern about the welfare of those they love asking themselves:

Do they understand?

Are they ready?

Are they going to be alright?

It seems dying people need permission to die. If given that permission, it gives great relief. It's absence can make the dying process more difficult and lengthy.

Reassuring them with: "We'll never forget you and how special you are to us. We'll work together to take care of each other. We love you and we're going to miss you, but we'll be okay!"

There also can be messages about someone or something needed so death can be peaceful. This may be a desire to reconcile personal, spiritual or moral relationships in requests to remove some barrier to achieving this peace.

There is no "RIGHT" way or "ONE" way to die or to help your loved one in their final hours! Just as in a birth, each person dies in their own and unique way. As caregivers we do not have all the answers but being aware that our concerns, fears and preferences may differ from those whom we are supporting, will go along way. Talking about this ahead of time helps us to honour their wishes.

*Denial, anger, depression, bargaining, accepting...these are all steps the dying and their loved ones go through. What is our response? Keep still. Don't try to help anyone "**deal with**" these feelings. They are normal, predictable responses to process. Instead of giving advice or looking for solutions;- Listen. Accept. It's OK to feel the pain and sadness. Be there for them...dying people need the company of those who will listen, those willing to understand their situation, and those who continue to offer love and friendship in the face of death.*

Additional Resources:

“Just In Case” binder -

Presented by Harold Empey, retired Federated Co-op Executive and 2011 Cornerstone of the Community Award recipient, this binder acts as a guide through finding and collecting the information that your executor and loved ones might need Just in Case. Many of us leave our loved ones with too little information. The Just in Case Binder and Seminars help to create an open dialogue about your wishes and work to educate people on the things that will need to be completed after you are gone. Many estate planning manuals deal with financial matters such as bank accounts and safe deposit keys, but “Just in Case” takes planning to a new level of detail, offering suggestions on personal information such as computer passwords, dealing with treasured possessions, obituaries, and who to invite to your memorial.

<https://www.saskatooncommunityfoundation.ca/community-initiatives/just-in-case-binders/>

“Close To Home” - Fundraising Campaign for Hospice Care in Saskatoon

Gord Engel’s story: <https://www.youtube.com/watch?v=n7SkuFFYZPg&feature=youtu.be>

St. Paul’s Hospital and Foundation have a bold and comprehensive vision for end-of-life care in Saskatoon. The \$20 million Close to Home campaign supports the growth of the entire end-of-life care community to ensure your loved ones get the care they need, when they need it, now and into the future. Help us build Saskatoon’s first free-standing hospice and dramatically improve end-of-life experiences for you and your loved ones by supporting the Close to Home campaign. <https://www.stpaulshospital.org/foundation/campaign/index.php>

Additional Resources from [CommonWord Resource Centre](#)

Death and Dying commonword.ca/go/1497

Grief/Loss commonword.ca/go/1784

Children and Death commonword.ca/go/1785

Pastoral Care commonword.ca/go/1722

Funerals commonword.ca/go/1724