

# Understanding the Dying Process

As a loved one nears the end of life, their body naturally begins to “wind down.” Families often notice a series of **physical changes** as death approaches. These include:

- **Increased sleepiness and decreased consciousness.** The person may sleep more and be hard to awaken. This is normal – hearing is often the last sense to fade. You can help by **being present** with them: sit quietly, hold their hand, and speak in a calm, gentle voice. Even if they seem unresponsive, they hear you.
- **Changes in breathing.** Breathing may become irregular. You might notice long pauses between breaths or periods of very rapid, shallow breathing (sometimes called Cheyne-Stokes respirations). This is a normal part of the dying process. To ease breathing, raise the head of the bed or turn your loved one gently on their side[6]. Focus on staying calm and reassuring: **offer comfort by holding their hand and speaking softly.**
- **Circulation and temperature changes.** Hands, feet, arms and legs often become cool or feel clammy, and the skin may take on a bluish or purplish mottled pattern. This happens as blood circulation slows. The core of the body (torso) usually remains warm, so **it is best to use only light blankets.** If your loved one feels cold, tuck a gentle blanket under their shoulders and around their waist; avoid heavy bundling that can cause overheating.
- **Secretions (the “death rattle”).** As swallowing and coughing reflexes fade, saliva and mucus can pool in the throat, causing gurgling or rattling sounds. This “death rattle” is normal and usually not uncomfortable for the dying person. To help, turn the head to one side and use a damp cloth or swab to gently clear the mouth. Moisten the lips with water or lip balm to prevent dryness[12].
- **Restlessness or agitation.** Your loved one may occasionally tug at sheets or pull at their clothing[13][14]. These movements can be a sign of changing brain chemistry or low oxygen levels. **Do not restrain them; instead, remain calm and reassuring.** You might softly massage their hands or forehead and play soothing music. Recalling a happy memory aloud can also be comforting.
- **Decreased appetite and fluid intake.** In the final phase, most people naturally lose interest in food and drink. This is normal (the body’s way of conserving energy) and not considered “starving.” Offer ice chips or small sips of water if they seem thirsty but **never force food or fluids.** Instead, focus on keeping their mouth and lips moist – apply lip balm and gently moisten the mouth with a damp cloth every hour or two.

- **Incontinence.** As muscles relax, your loved one may lose bladder or bowel control. While it is usually not painful, it can be uncomfortable if not addressed. To keep them comfortable and preserve dignity, place absorbent pads or disposable underpads under them and change linens and clothing promptly[20]. Good skin care (gentle cleansing and moisturizing) helps prevent irritation.

Together, these physical signs show that the body is slowly shutting down in a natural way. They are part of the **final phase of life** and are not usually painful. If you notice any of these changes, you can **provide comfort by your presence and care**. For example, just **sitting quietly with them, holding their hand, and speaking softly** can be deeply comforting. It can be more important to *be with* your loved one than to do any specific action. Remember: **hearing is believed to be the last sense to go**, so your voice matters even if they cannot open their eyes.

## Emotional and Spiritual Changes

Along with physical changes, many people experience **emotional or spiritual shifts** as they near death. These can be less predictable than the bodily signs but often include:

- **Withdrawal and quiet reflection.** Many dying people gradually withdraw from social interactions, sleep more, and focus inward. They may watch less TV, read little, and only want a few close people around. This is **not rejection** – it is part of “letting go.” When your loved one seems distant or asleep, **still sit quietly by their side**. Speak gently when you enter the room and introduce yourself by name if needed. Remember they likely hear you, even if they do not respond. Touch may or may not be comforting depending on the person; a reassuring handhold can be very meaningful.
- **Seeing or sensing unseen visitors.** It is common for someone who is dying to talk about seeing people or places that others cannot see. For example, they might call out to loved ones who have already died or describe being with past friends. These **vision-like experiences** are not hallucinations or due to medication – they are a normal part of dying. If this happens, listen kindly. **Do not argue or dismiss these experiences**. Instead, acknowledge them (“I’m here with you”) and let them continue if it seems comforting.
- **Unusual communication.** Your loved one may also make odd or unexpected requests as death nears. They might ask for specific people by name or make statements that seem like “tests” – for example, saying things like “Is everyone here?” or “I’m ready.” These are often ways of **communicating their readiness to let go**. Family can respond by offering reassurance and permission: say things like *“I love you, and I’ll be okay,”* or *“It’s okay to go whenever you’re ready.”* This gives your loved one permission to pass without guilt.
- **Saying goodbye and expressing love.** Eventually there may come a final time to say “goodbye.” Your loved one may want to exchange final words, such as *“I love you,”* *“Thank you,”* or *“I forgive you.”* These moments are a gift of love. It is okay to let your emotions show – crying and hugging are natural. You might simply hold their hand or stroke their forehead, saying whatever is in your heart. Even if they cannot respond, **talk to them as if they can hear you**. Hearing may still be intact. Saying goodbye can bring peace: it assures them you have said all you needed to say, and it lets you *begin* to say farewell.

Each person's experience is unique, so not all these signs will happen or in the same order. But knowing what **may** happen can help you feel more prepared. **Throughout all of this, simple acts bring comfort:** holding their hand, playing soft music, or reading favorite passages, keeping the room quiet and familiar. These gestures show your love and give your loved one strength and peace in their last phase.

## How to Provide Comfort

No matter what signs you observe, your presence and loving care make a difference. Here are some general tips for comforting a dying loved one:

- **Just be with them.** Sitting quietly by their side, holding their hand, or gently touching them, is deeply reassuring. You do not always have to talk; sometimes just your calm presence says everything.
- **Talk normally and kindly.** Even if your loved one seems unresponsive, they can hear you. Say their name, explain what you are doing (e.g., *“I’m going to help you adjust your pillow now”*), and speak in a gentle, warm tone. Remind them of your love: *“I love you,” “I am here with you.”*
- **Offer gentle touch and soothing activities.** A light back rub or stroking their hair may be comforting. If they seem agitated or restless, try lightly massaging their hands or forehead. Playing soft music, a favorite song, or religious music (if they wish) can create a peaceful atmosphere.
- **Keep them comfortable.** Adjust pillows or blankets to ease any discomfort (e.g., elevate the head slightly for easier breathing). Maintain room temperature at a comfortable level. Use lip balm or a cool, damp cloth on the forehead if they feel hot. Provide ear or eye protection from harsh light or sounds if needed.
- **Attend to basic needs gently.** Keep the mouth moist with frequent swabs of water or glycerin-free mouth moisturizer. Change their position occasionally to prevent bedsores and to keep airway clear. Manage incontinence quietly and respectfully, changing soiled linens promptly to keep the skin clean. Do any personal care (bathing, brushing hair) slowly and explain each step; this can be soothing if they are still aware.
- **Encourage loved ones to visit and say what is in their hearts.** Friends and family often worry about visiting a dying person, but hearing familiar voices can be comforting. Coordinate visits so that one or two close people are with them at a time (many dying people prefer a quiet room with a few loved ones). This is a good time for sharing memories, saying goodbye, or simply sitting in silence together. Let children participate as appropriate – their presence and voices can also be a source of comfort.
- **Accept your own emotions.** It is natural to feel sad, anxious, or overwhelmed. Let your loved one see your love – holding back tears is not necessary. Tears express love and help both of you let go when the time comes. If you need a moment to step away (to take a break or get

fresh air), your loved one will understand. Other family or hospice staff can watch over your loved one while you regroup.

Remember, *anything* you do out of love can be meaningful. There is no perfect script – your calm presence and heartfelt words are enough. As Palliative Care Australia reminds us, “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... ‘Being with’ can be more important than ‘doing for’”.

## Caring for Caregivers and Staff

Providing end-of-life care is emotionally intense. Nurses, aides, social workers, chaplains, therapists, and other team members also need support. **Be aware of your own feelings and needs.** It is normal for caregivers to feel sadness, fatigue, or frustration. Watch for signs of compassion fatigue – such as exhaustion, irritability, or trouble sleeping. If you notice these, **take time to care for yourself:** eat well, rest when possible, and use healthy stress relief (walk, exercise, meditate, pray). Consider incorporating brief self-care rituals: mindfulness or journaling can help you process each day's events. Small rituals – lighting a candle before beginning a shift, saying a personal prayer, or attending a patient's funeral – have been shown to boost caregivers' sense of purpose and resilience. Lean on your team for support: debrief difficult experiences with colleagues, seek supervision or counseling if needed, and share the emotional load.

Finally, remember **you are not alone.** Hospice and home care emphasize team support. Supervisors, chaplains, or employee assistance programs can offer guidance and grief counseling for staff. Many caregivers find strength in knowing that by being present – truly *being with* a dying person, they are providing the greatest comfort and gift of all. You may feel honored to accompany someone on this profound journey. Taking care of your own mind, body and spirit enables you to continue to be the compassionate “rock” that dying patients and their families rely on.

In all phases of dying, **warmth, patience, and presence** are the greatest comforts. This guide has outlined what you might see and what you can do. Remember: you are helping your loved one with a natural, sacred process. By understanding these signs and caring with gentle, loving actions, you will provide dignity and peace in their final days and moments.

# References

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