

What may I experience after someone dies?

Everyone is different and there is no right or wrong way to grieve. At the time you may feel emotionally numb, or relief. The choice is yours to decide what is right for you and we will support you in the best way we can.

There are several practical things that family and friends may need to consider after a person dies. A booklet will be provided to you at the time a person dies to help guide you through what needs to be taken care of. It also provides a list of support agencies that might be useful for you at this time.

In the coming weeks and months after someone dies:

It is common after someone has died, especially if you were there as they died, to feel disconnected from people, places or things. You may feel as though you are in a dream and find it hard to explain your feelings to other people. Some people feel as though they are on an emotional/spiritual roller coaster which can include feelings of anger, sadness as well as intense distress which is part of the grieving process. Others may experience a profound sense of relief.

You will find out what your reactions are as you go through your own grieving. If you need support to cope with this difficult time, your local doctor, a counsellor, personal supports or religious advisor may be of help to you. If you are at a hospital, do not hesitate to tell a health professional before you leave if you would like to speak to a social worker, Spiritual Support Services or Pastoral Care Team.

You will be given information on grief counselling and support services when your family member or friend has died. You can also find information at: www.pallcareact.org.au/daisy/for-patients-families-and-carers/

“ We understand this may be a sad and challenging time and we are here to explain, support and care for you as well as your family member/friend. Please do not hesitate to approach us. ”

Adapted from Victorian End of Life Care Coordinating Program 2017 booklet
Family Member / Friend Information Brochure

ACCESSIBILITY

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50. For further accessibility information, visit: www.health.act.gov.au/accessibility



www.health.act.gov.au | Phone: 132281 | Publication No 210192
© Australian Capital Territory, Canberra April 2021

Comfort Care in the last days

Information for family member/friend

A member of our health care team will have explained to you that they believe the person you care about is in the last period of their life. Care that is provided at this time is called comfort care. This information explains the care we will be providing to you and your family member/friend at this time.

Our main aim of care at this time is to make sure your family member/friend's last days and hours of life are comfortable. We will continue to talk about their care with you, the person themselves (if possible) and anyone else the patient would like to be involved.

The dying process is unique to every person. It is impossible to predict exactly how and when someone will die. However, regardless of illness, we do know a number of changes that are likely to happen as death approaches. It can help to know about these changes which may assist with decisions you make at this time.



What can I expect when someone is dying?

We will regularly ask your family member/friend how they are feeling and if they need anything like pain relief. When they are not able to tell us, we will ask you for your feedback about their comfort. We will respond quickly to changes in their care. Your input is important to us. You can expect we will treat you with kindness, respect, and integrity.

Medicine/treatment:

Based on your family member/friend's needs, doctors and nurses will change or stop some things that are no longer helpful, like temperature and blood pressure checks. They will regularly check your family member/friend's symptoms to make sure they are as comfortable and pain free as possible. Medicines may be adjusted to keep your family member/friend comfortable, including changing from oral (tablets or liquids to swallow) to injections.

There are also many other ways we can help to keep a person comfortable and pain free. Please ask the staff member looking after your family member/ friend to give you printed information about comfort care at the end of life. To support you and your family member/friend we have comfort care items you can use such as diffusers, weighted blankets, colouring pencils for children or a cuddle bed for you to lie next to your loved one. Please ask a member of the health care team for more information.

Changes in alertness:

As your family member/friend becomes sleepier they may not be able to respond. You may wish to continue touching and talking to them, sharing memories and news of family and friends or reading to them. Simply being with them can be supportive.

Reduced need for food and drink:

As their body shuts down, as a natural part of the dying process they will neither want nor need food and drink. We will give your family member/friend nourishment for as long as possible. Sips of fluid, sucking on ice chips or moistening their mouth for comfort may be all they need. Our nurses may ask if you would like to help with this. If you do, they will show you how.

Restlessness and confusion:

You may notice your family member/friend pull at bedclothes, try to get out of bed, share their muddled thoughts or cry out unexpectedly. Seeing this may be challenging for you. They may be soothed by playing their favourite music or by you talking in a calm quiet way. Sometimes medicines are needed to make them comfortable, and our doctors will help with this.

Skin:

It is normal for their skin to change towards the end of life/last days of life? It may feel cool or clammy when you touch it. The colour may become pale, appear blotchy or have a bluish/yellow tinge. During this time your healthcare team may wash your family member/friend while they are in bed. The health care team may also turn your family member/friend regularly to avoid any pressure injuries that can happen if someone is lying in one place for a long time.

Breathing:

It is very common for breathing patterns to change at this time. Breathing may become loud and fast or there may be gaps of several seconds between each breath. You may hear 'gurgling' which can sound alarming. This is due to the muscles needed to clear the throat becoming weaker. These changes may be upsetting; however it is normal and does not necessarily mean that your family member/friend is uncomfortable. If it concerns you let the healthcare team know.

Bowels:

Sometimes an enema can help with emptying the bowels (flush out their bowel) if your family member/friend has not opened their bowels and seems uncomfortable.

Incontinence:

Most people lose the ability to control their bowels and bladder as they are dying. Their urine can become concentrated as their kidneys begin to shut down. Sometimes we may put a (tube into their bladder to remove urine) to make them more comfortable and keep their skin clean and dry.

Emotional and spiritual needs:

Anticipating the loss of someone you love can be difficult and you may have feelings that are unfamiliar and distressing. It can help to talk about these feelings, and we can arrange for a social worker, Aboriginal Liaison Officer or spiritual carer to support you. A social worker or Aboriginal Liaison Officer can also assist with practical needs such as funeral arrangements. Please let the healthcare team know if there are any special religious, spiritual or cultural supports that may help and comfort you or your family member/friend during this difficult time.

Senses:

We know that people still can hear and feel touch at this time. It is okay to hold their hand, stroke their arm and tell them that you will miss them, love them, and remember them.

Having memories of your family member/friend can help after they have died. Please ask a nurse for information about memory making ideas such as thumbprints and taking locks of hair.

