

## How to help someone who is actively Dying

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These are initial comments on how to help someone die, in their last minutes or hours. These notes are designed to give you some ideas about how to help, what to say, what to bring, and how to prepare yourself. These notes are for the general public.

If you are lucky, so to speak, you will have some advance warning of this. If you are not lucky, you will have to have improvise and will not be reading this except with hindsight. If you have some suspicion that death for your family member or friend is imminent, you might take advice from a healthcare professional familiar with them. If you are lucky, they will be honest and direct. If you are unlucky or if they are wishing you ill or if they sincerely don't know, you will end up frustrated, perhaps deeply frustrated. In some cases, the answers can be given rather directly, and in other cases the time to death has a rather broad distribution. There is also great variance in health care professionals in their attitudes and behavior in this area. Most but not all will respond to a direct question with an honest answer. You can also google the disease. In cases of cancer or COPD, the time course is well known and the stages pretty clear even if the time in each stage may vary. In more complex cases, it will be less clear.

[General guidelines and goals to be included in helping someone die: peacefully, prayerfully, not alone except what they want, their wishes, a few more guidelines in time.]

1. It is worthwhile to prepare. Here are some things to prepare ahead of time:

- a. check with their care team and/or family members for recent history, context, their mental and physical state. You might presume you know their culture, but if in doubt, take advise because this can be an issue if it is different than yours.
- a. keep your cell phone charged if you will call people during this process.  
Put a wall charger with a long cord in your to-go bag, and perhaps an extra battery bank.
- b. make a to-go bag with a snack for you; the process might take hours. you don't want to step out, do you? [you should step out, though]  
the food should be non-perishable and have at least 500 calories. so not one bag of chips, but three, cookies, or something that has some energy for you.  
(I would not worry about low fat on that day!)
- c. you might include caffeine, in a can of coffee or a bottle or two of tea, if you use caffeine.
- d. keep yourself rested as the event may happen on short notice and may not come when you are rested. [that is what happened to me]

2. It is worthwhile to plan.

a. if your loved one has some favorite or spiritual music, you might wish to prepare a mix tape, so to speak. This might be best a CD or on a phone that is charged, but you might also get much of the music now from Youtube or from iTunes, oddly enough. Here are some that we used: amazing grace, red river valley, I dance in the morning.

b. In the last days as well as hours, sound is one of the last senses to disappear. You might prepare readings, they might be spiritual or they might be secularly meaningful, or they might be

family members or they might be special in some other way. Bibles, letters, and books of poetry (the passing of the baton), are classic choices.

- c. You might wish to prepare a script. Some things you wish to say to the dying.

Hopefully it runs something like this:

We love you, we respect you, I love you. we are proud of you.  
you have had a good, productive life with accomplishments, you have done a good job  
we are with you.  
It's ok to go (or to go home)

You might have some prayers to say, you might have some readings to read (already in hand).

The script will of course have to be adapted to the how events play out over time in nearly all cases. There is also value to just being there with them, you don't have to talk all the time!

Also be aware that often patients will die when you step out. This is not accidental, they are doing it to be kind to you, accept that gift even if you won't want it.

3. If a minister or priest is part of their life, you can put their number on speed dial or in your phone. You might ask for their help earlier. Many churches also have an emergency number, and they are pretty responsive. Better hospitals are also providing chaplains who can be exceedingly helpful. Family members who are spiritual or supportive to either you or the patient can be exceedingly helpful indeed.

Call the other folks before you get there, if you can. They will often arrange to meet you by the patient.

4. Have someone to help you there at the bedside. You might need errands run, while you cannot. You might wish to call for a nurse, or more palliative care, more coffee (!), another pillow, help with adjusting a bed, vasoline for their dry lips, etc.

This person or you can also use a cell phone to call loved ones who wish to be there on the phone or wish to say last good byes.

5. You might bring Vaseline and water and a sponge. Not all nurses will provide that to a dying patient, and it can provide a bit of comfort (!) while dying to have your mouth moistened. (The dying will probably not wish to eat, although I can imagine that varies, days before is the time to buy the lobster and lemon meringue pie).

6. Before going right into the situation, you might do some of the following, subject to your preparation and the timeline of the situation:

- a. go to the bathroom
- b. eat a very small quick snack (particularly if you were just woken up)
- c. get a cup of coffee and have some of it

d. arrange for palliative care or nurses to come

7. When you are done, I'd rest not briefly, but for 30 min. or more before traveling. Most things can wait. If the nurse inadvertently (because it is their first day) or antagonistically tells you to 'have a nice evening' as you leave, I'd tell people about it before I'd retort to them.

You might also remember to tidy up their things, and remove jewelry, keepsakes in their room if they are in a hospital, and then the next stage starts. This includes making phone calls to next of kin, which is beyond this document. But, you have the context now for this.

These notes have been informed by an exceedingly helpful chaplin at Proctor Hospital, Prof. Mary Peterson, Peggy Baird, and by Fr. Baker.