

Our mission

To maintain, improve, and restore the health and well-being of the Québec population by making accessible an array of integrated and quality health and social services, while contributing to the social and economic development of Québec.

Our vision

Accessible and efficient health care and services that adapt to the needs of Québécois.

Our goals

The CISSS de la Montérégie-Ouest achieves its goals through its innovative approaches and stands apart through:

- its exemplary offer of care and integrated services based on interdisciplinarity, accessibility, and adaptability to the needs of its population;
- its willingness to question and improve its professional, clinical, and administrative practices;
- its appreciation of its personnel and the implementation of human resource management practices;
- its strong relationships with its partners.

Our values

Our actions are guided by five equal and interconnected values:

- Compassion;
- Collaboration;
- Commitment;
- Confidence;
- Consistency.

LIFE'S LAST FEW MOMENTS...

To better guide you



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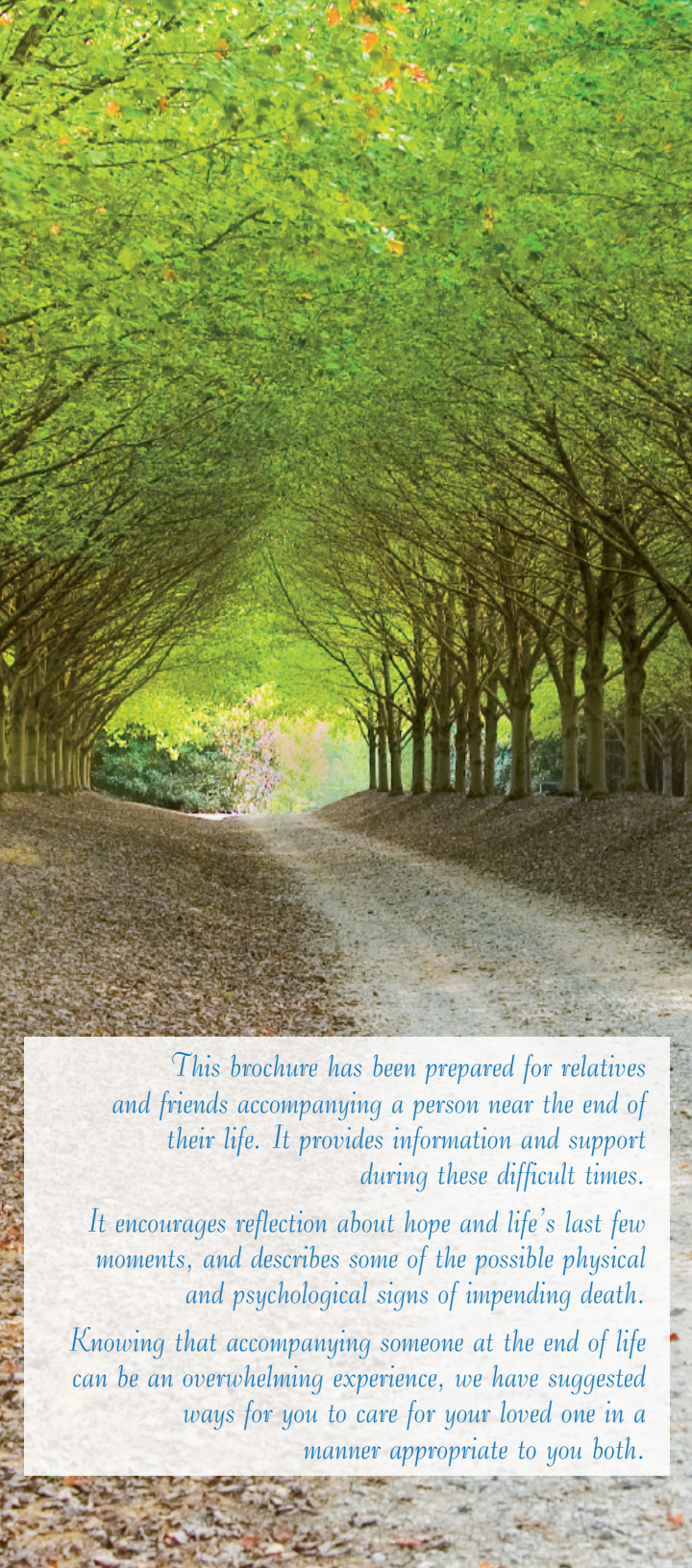


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This brochure has been prepared for relatives and friends accompanying a person near the end of their life. It provides information and support during these difficult times.

It encourages reflection about hope and life's last few moments, and describes some of the possible physical and psychological signs of impending death.

Knowing that accompanying someone at the end of life can be an overwhelming experience, we have suggested ways for you to care for your loved one in a manner appropriate to you both.

Prepared by the Palliative Care
Nurse Consultants:

Diane Charpentier, CIUSSS de l'Estrie
Chantal Courtemanche, CISSS de la Montérégie-Centre
Justine Métayer, Centre intégré de cancérologie de la
Montérégie - CISSS de la Montérégie-Centre
Chantal Rochefort, CISSS de la Montérégie-Ouest
Carole Roy, CISSS de la Montérégie-Ouest

This moment in life...

«Accompanying someone does not mean going ahead and showing him the way, imposing an itinerary, or even knowing which direction he will take; it is walking by his side, leaving him free to choose his path and the pace of his steps.»

— (Verspieren, 1986)

Death is the final stage of life. It is often relatives and close friends who, with the assistance and support of the healthcare team, can best provide comfort to the dying person. Your presence brings concrete meaning and value to this unique being's life, despite his great vulnerability. A deep respect for the person's beliefs, confidences, silences, and periods of withdrawal attests to the value that you place on him as a human being.

Since the onset of the disease, you may have been at your loved one's side or borne witness to decisions he has made about treatment choices, including medical procedures.

«Some families think that these decisions can make the difference between life and death. But, it's important to remember that the person's decisions won't change whether he lives or dies, but merely how he lives out his final days. It's the disease that will ultimately rob the person of his life, and care decisions should be made from the perspective of making the dying person comfortable in a way that respects his values and beliefs»

— (Harlos, 2014)

What about hope?

Present at all stages of life, hope allows us to accept and deal with a situation. Despite the person's deteriorating condition, hope remains present, but in a different way for each person. Some may hope to feel better, to no longer suffer, to die peacefully, to live to see the next season, or to make peace with a loved one.

«For a person at the end of life, hope represents a positive future, an inner strength that adds meaning to life and allows him to transcend the pain and suffering, to help him face the prospect of dying.»

— (Herth & Cutcliffe, 2002)

At times, hope can seem unrealistic, but it is this glimmer of hope that will keep your loved one alive for days, weeks, or even months. Its expression must therefore be allowed.

«Recognizing that hope is not the same thing as a promise, means that we have nothing to fear from encouraging it.»

— (Coulombe, 2008)

The importance of the final moments

A difficult but inevitable transition, the approach of death encourages thoughts about the meaning of the person's life. One's vision and interpretation of the meaning of life, values, beliefs, and attitude toward life and death are all aspects of spirituality that make up the very essence of a human being.

This stage comprised of a succession of losses and relinquishments can also be extremely rewarding for the person who is dying, as well as for the family and friends. It is a time for some final words about one's self and one's life, as well as the moment for some final thoughts, farewells, and amends.

Listening and offering a loving presence creates an atmosphere of calm reflection in which your loved one feels comfortable retelling and handing down stories about his life, sharing happy memories, and expressing dreams, regrets, sadness, and fears. Listening without interrupting will make it easier for him to unburden his emotions.

The final moments of life, filled with ritual and contemplation, can be a source of comfort. Depending on their availability at your hospital, pastoral animators can provide support throughout the process, in a way that respects the spiritual or religious beliefs of your loved one.

Accompanying a person at the end of life

Accompanying a person at the end of his life requires a great deal of dedication and is a process involving many changes and emotions that can upset the balance between meeting your needs and those of your loved one.

It can be easy to forget about yourself or feel guilty. However, your well-being is important. Here are a few suggestions:

- Take care of yourself;
- Take some time for yourself, without feeling guilty. This is not selfish; it will help you to take better care of the person who needs you;
- Recognize the limits of your endurance and strength by asking for help, even if the person who is dying is reluctant to spend time with anyone else;
- Express your joy, anger, sadness, and frustrations;
- Feel proud of what you are doing for your loved one;
- Pursue activities you enjoy.



One to two weeks before death

Each person has his own way of dealing with this final stage, bringing a unique dimension to this experience. The person may show the following psychological signs, however, they will not appear in any particular order and may not all be present:

- Lose interest in activities;
- Reflect upon his life;
- Turn inwards, begin to withdraw from the world around him;
- Say goodbye to relatives and friends, and to places he loved;
- Give away personal possessions;
- Express his emotions;
- Talk openly about death with one or more people.

Physically, the body no longer has the same requirements, and weakness slowly sets in. Certain physical and behavioural changes will be obvious because the body's vital functions, circulation, and metabolism are slowing down:

- A change in appetite;
- Increasing difficulty moving around;
- Difficulty breathing;
- Muscle weakness;
- Edema (swelling) in the extremities;
- Difficulty sleeping (reversal of day and night);
- Disorientation (confusion);
- Pulling at clothing and sheets.

The following actions aim to make the patient comfortable and respect his wishes at the end of life:

- Be present;
- Offer foods that the person enjoys;
- Offer ice cubes, frozen juice (popsicles), or ice cream;
- Do not force the person to eat or drink;
- Provide mouth (oral) care;
- Place the person in a comfortable position and help him to move around;
- Gently massage and warm the person's hands and feet;
- Say who you are instead of making the person ask;
- Speak calmly and naturally;
- Read aloud to the person;
- Play music that he/she likes;
- Create a pleasant atmosphere by placing familiar objects and photos in the room;
- Air out the room;
- Continue to respect the person's preferences and wishes (e.g., sleeping with socks on, putting on makeup, keeping pyjamas on, etc.).

A few days to a few hours before death

At this stage, your loved one may experience a resurgence in energy. The signs observed over the past week or two may intensify and other symptoms may appear:

- Difficulty walking, sitting, turning on his own;
- Variations in body temperature (fever, low temperature);
- Mottled, cold extremities;
- Increased sweating;
- Decreased edema (swelling);
- Glassy, watery, half-open eyes;
- Difficulty swallowing, minimal absorption of liquids
- Dry mouth;
- Difficulty speaking;
- Decrease in or lack of urination;
- Loss of bladder and/or bowel control;
- Irregular, shallow breathing, with pauses;
- Terminal rales: noisy breathing caused by secretions;
- Agitation or inertia;
- Loss of consciousness.

In the final moments of your loved one's life, in addition to the **actions already recommended**, the following suggestions may also be useful:

- Stay close to the bed;
- Hold the person's hand;
- Speak softly, even if the person is unconscious;
- Apply artificial tears (drops);
- Direct a fan set to low on the person's cheek;
- Provide mouth (oral) care on a regular basis;
- Explain what you are going to do before you begin;
- Avoid stimulating your loved one while he is sleeping, unconscious, or pausing between breaths.



Frequently asked questions

How can I help my loved one go through this period?

Listen to what he has to say without interrupting and do not try to fill the silences, even if they feel awkward. Allow him to talk about his life, his regrets, his sorrows, and his dreams. Your presence at this time is often more important than anything you could say or do. Continue to spend time with him as you always did, talking to him and comforting him.

What should I do if my loved one gets emotional?

Allow him to express his emotions without trying to distract him or make him feel better. Allow yourself to cry and express your emotions, too. Crying can sometimes be a good way to release tension.

What you and your loved one are going through is extremely intense and can bring up a whole range of emotions, which are expressed differently depending on the person. The important thing is to allow these emotions to come to the surface, no matter how they are expressed (crying, drawing, exercising, etc.).

Why is my relative no longer eating or drinking?

Food is a necessity of life. A loss of appetite can be a difficult thing to accept. However, as the disease progresses, your loved one's nutritional needs change and his body stops absorbing the food he eats. In the end stages of life, loss of appetite, weakness, and difficulty swallowing intensify. It is therefore important to respect the person's appetite and food choices, while taking into consideration his ability to swallow.

Is installing an intravenous drip (solution) a good idea?

Intravenous solution is comprised of salt or sugar water and does not contain any medication or vitamins. The solution increases the amount of fluids in the body, thereby increasing respiratory secretions, thus prolonging the person's discomfort.

Does my loved one feel thirsty?

Thirst is generally associated with a dry mouth. The person must be sufficiently alert in order to feel thirsty. You can alleviate his thirst by administering oral care on a regular basis. When doing so, make sure to wring out the sponge of all excess liquid.

Why is breathing noisy at the end of life?

Your loved one may have difficulty in swallowing his saliva and getting rid of secretions. The sound of the secretions and the air passing over the relaxed vocal cords causes wheezing. This noise is more upsetting to you than to your loved one.

How can we solve this problem?

Sometimes, repositioning the patient by raising the head of the bed can lessen the noise. Suctioning the secretions is not usually effective and can be distressing for the person. We can also give certain medications to reduce the production of new secretions.

Should we give him oxygen?

Before beginning or continuing the use of oxygen, you need to ask yourself whether it is making the person more calm and comfortable. Sometimes, the use of oxygen can be more uncomfortable than beneficial, due to the tubes, dry nose, and the noise of the air circulating.

In the final stages of life, oxygen is rarely used as the body's need for it diminishes and the lungs do not absorb it as much. In patients who are having trouble breathing, certain medications, such as morphine, are more effective than oxygen.

Why use morphine or an equivalent medication?

Morphine relieves pain and several other discomforts, such as laboured breathing. It can also improve quality of life throughout the disease and even prolong the person's life. Many patients are given regular doses of morphine for months or even years.

Should we delay using morphine?

No. Morphine can be given as soon as it relieves the person's pain and discomfort. It is often best to treat these symptoms from the very beginning because the pain and discomfort can become difficult to manage if we wait too long.

Is there such a thing as too much morphine?

No. The appropriate amount is that which controls the pain and discomfort with the fewest side effects. The amount is adjusted gradually, which is why it's important to use interdoses between the regular ones.

Will morphine hasten my loved one's death?

No. Some people believe that one dose of morphine can be fatal. This is simply not true. In some cases, when the symptoms are relieved, we may even see a slowdown in the process leading to death. Death is the end result of a serious disease, and morphine can provide the patient with relief.

At the end of life, is it still necessary to continue giving medication and administering treatments?

The objective of all care provided is to make the person comfortable. The benefits versus the disadvantages of all treatments are considered at regular intervals.

For example, taking vital signs (blood pressure, heart rate, oxygen saturation, etc.) and blood tests (e.g., to measure blood glucose) may be pointless near the end of life, particularly if these procedures disturb the person.

If the person has a great deal of difficulty swallowing, it is necessary to stop giving medications by mouth and to administer comfort medications in another way, for example, by injection.

How can I recognize signs of discomfort if the person can no longer express himself?

Facial expressions, groans, changes in behaviour, rigidity, and a stiff posture are all possible signs of discomfort. If you observe these signs, do not hesitate to discuss them with the members of your health care team. There are certain medications or procedures that can be administered to make your loved one more comfortable.

Can my loved one hear me?

At the moment, there is no research proving that a person can continue to hear until the moment of death. On the other hand, previous experience has shown that some people become calmer with the sound of a familiar voice. It may be beneficial to continue to speak to your loved one softly.

What should I do when my loved one is unconscious?

Simple gestures are often reassuring and comforting. These should be chosen according to the person's likes and dislikes, and what he is accustomed to. For example, touch him or talk to him softly, or play his favourite music.

Why does my loved one have a fever?

At the end of life, the body's temperature control centre no longer works properly, meaning that the person's temperature will fluctuate. The use of medications to bring down a fever will have little effect, but could help to relieve the discomfort caused by the elevated temperature.

Why is my loved one agitated, confused, or hallucinating?

As death approaches, the brain is affected alongside the body's other organs. In fact, the failure of organs such as the kidneys, liver, and lungs is accompanied by a cognitive decline (memory, confusion, comprehension).

There can be other reasons for these symptoms. For example, they could be due to pain, discomfort, side effects from the medication, or the manifestation of fear as death approaches.

People who are confused can also feel frightened and threatened by the people and objects around them. It may be upsetting for you to see your loved one behaving abnormally and even saying hurtful things. You should know that this behaviour is beyond his control; most often, he won't know what he's saying or doing.

You can help your loved one to relax with music, reading, massage, or by sharing pleasant memories. A calm attitude and warm presence are often reassuring. Depending on the opinion of the healthcare team, medication can lessen the symptoms or help him to relax without hastening the moment of his death.

Should I stay with my loved one?

This is a personal choice that depends on you and on your loved one's current condition, needs, and expectations. What matters is that you have the **desire**, the **capacity**, and the **availability** to stay with him. Make sure to take time for yourself, since it's impossible to know how long this stage will last or when the person will die.

Take advantage of every moment spent with your loved one. If he does not want to be left alone, it might be a good idea to take turns keeping him company.

How much time is left?

No one can answer this question, just as no one can predict the exact moment when someone will die. While there are certain signs that death is imminent, we can't know exactly when it will happen. Death is different for everyone and remains shrouded in mystery.

Why talk about death with my young child?

Children tend to react better when they know what's going on. So, explaining the situation to your child in an age appropriate way is extremely important. Children's imaginations are very fertile; keeping them in the dark can lead to them overthinking and blowing things out of proportion. It's therefore best to involve them in the family's experience by informing them of what's happening.

How can I support my young child during this difficult time?

If you are prepared to talk openly about death with your children, this will help them to understand that it's natural to feel sad when a loved one dies. Explaining to them that it's okay to feel sad, to cry, or even to feel angry or guilty, will reassure them that their feelings are normal.

Children need to understand what's going on and to be comforted. A caring attitude will encourage children to express their emotions and show them that they, too, are important members of the family who are grieving a loss.

Note that conversations should always be age appropriate; there are books and movies available to help you explain this sensitive topic to your children.



How can I support my teen during this difficult time?

A teenager understands the concept of death, but experiences it differently from an adult. He may be torn between wanting to spend time with family and spending time with friends.

Your teen may handle the situation very maturely by supporting other members of the family, but he also needs to spend time with friends in order to grieve in his own way.

High expectations can result in your teen feeling abandoned or misunderstood. He needs the support of caring adults who can reassure him that it's okay to feel a wide range of contradicting emotions (sadness, anger, fear, worry, fun with friends, etc.).

How can I experience or express my spirituality?

You can do this by expressing the significance of your beliefs or lack thereof, your values, and your opinions on life, death, and the afterlife. For some people, such rituals and inner reflection are a source of comfort that helps them to cope with this difficult time with a little more serenity. Pastoral animators are available to support you—all you need to do is ask.

**Each situation is unique;
do not hesitate to speak to your
health care team for more information.**

References and online resources

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Online resources

- Canadian Hospice Palliative Care Association
www.acsp.net
- Réseau de soins palliatifs du Québec
www.aqsp.org
- Maison Victor-Gadbois
www.maisonvictor-gadbois.com
- Canadian Virtual Hospice
www.virtualhospice.ca

Contacts

- **CLSC et Centre de services ambulatoires de Vaudreuil-Dorion**
450-455-6171, ext. 70109
- **CLSC Châteauguay**
450-699-3333, ext. 3435
- **CLSC de Huntingdon**
450-829-2321, ext. 1222
- **CLSC Jardin-du-Québec - Saint-Rémi**
450-454-4671, ext. 6235
- **CLSC Kateri**
450-659-7661, ext. 1115
- **CLSC de Salaberry-de-Valleyfield**
450-371-0143, ext. 3146

I am standing upon the seashore.

*A ship, at my side,
spreads her white sails to the moving breeze
and starts for the blue ocean.*

She is an object of beauty and strength.

*I stand and watch her until, at length, she hangs like
a speck of white cloud just where the sea and sky
come to mingle with each other.*

*Then, someone at my side says,
«There, she is gone»*

Gone where?

Gone from my sight. That is all.

*She is just as large in mast, hull and spar as she
was when she left my side.*

*And, she is just as able to bear her load of
living freight to her destined port.*

Her diminished size is in me -- not in her.

*And, just at the moment when someone says,
«There, she is gone,»*

*there are other eyes watching her coming,
and other voices ready to take up the glad shout,
«Here she comes!»*

And that is dying...

— William Blake

