

# The final moments of life



You're supporting a loved one at the end of their life. This can raise many emotions and questions, especially about the changes that happen in the body as death approaches. This fact sheet will help you better understand and prepare for these changes.

The care team is there to answer your questions and support you through the most difficult times. Don't hesitate to call on them.

## What symptoms can appear in the final DAYS of life?

The end of life is an experience that is unique to each person. Some changes affect most people, but they may not all appear in your loved one, or not in this order.

Your loved one may:

- > **Become increasingly weak and tired.**  
They may have trouble getting up and moving, or may not be able to do so at all. To avoid pain and pressure sores (bed sores), the care team comes regularly to change their position.
- > **Have a pale complexion and a very thin face.**  
Often, the person at the end of life has no appetite. Your loved one may no longer want to eat or drink. This is one of the stages at the end of life.

- > **Have a dry mouth.**  
Regular mouth care will be done to relieve dryness and thirst. Applying a moisturizing gel on the gums and the inside of the cheeks helps a lot. If the lips are dry, a lip balm can be applied.
- > **Have increasing pain.**  
This pain can have several causes. One cause is the simple fact of not moving (ankylosis). The pain is monitored very closely. Everything will be done to relieve it as much as possible, according to your loved one's needs and condition.
- > **Sleep more and more often.**  
They will sleep more and more deeply. Ultimately they won't be able to wake up and swallow their medications. At that point, the medications will be given by subcutaneous injection.
- > **Be agitated during the final 2 or 3 days.**  
They may move constantly, become aggressive, or say things that are confusing or hurtful. You might feel that you no longer recognize them, which can be upsetting. Discuss this with the care team, who will be able to support you in various ways. If necessary, they can give your loved one some calming medications.

## What symptoms can appear in the final HOURS of life?

Your loved one may:

- > Be lying still, **unconscious**. Their eyes may be closed or half-open, with a fixed gaze.
- > Have increasingly **cold** and bluish **hands and feet**.
- > **Breathe irregularly**. This means the pace and depth of breathing vary. Breathing can also stop for a few moments and then restart on its own.
- > Have **secretions in the bronchial tubes**, the tubes that bring air to the lungs. There may or may not be coughing. The secretions make breathing noisy, a bit like a strong purring sound. This can seem problematic. Don't hesitate to ask the care team if it's normal. When the person is sleeping, these secretions don't hurt.



**No one can predict the exact moment of death. How it happens remains a mystery on several levels.**

## How is the pain relieved?

Often one of the main fears of family members is seeing the person they love suffer. But the care team pays close attention to the pain. They do their best to relieve the pain with medication and change the doses as soon as necessary.

Even if the person can no longer speak, their pain can still be assessed.

## My loved one doesn't want to eat anymore. What can I do?

Even though it may be very difficult for you, it's best not to push them to eat. Making them eat when they're not strong enough or when they're mostly asleep increases the risk of choking. This is very uncomfortable.

If in doubt, ask the nurse if it's safe to feed them. Small amounts of liquid or small ice cubes to chew on can often be enough to satisfy the person at the end of life. Try to respect your loved one's rhythm.



## Why aren't they being given I.V. fluids?

I.V. fluids are hydration provided through a tube inserted into a vein. This can cause serious discomfort, such as swelling and more secretions in the bronchial tubes.

## My loved one appears to be asleep. Can they hear me and sense my presence?

Yes. Hearing and touch are thought to be the last senses present at the end of life. Don't hesitate to touch your loved one, hold their hand, and talk to them softly. You can also play music they enjoy.





## What can I do to help them?

Your presence alone goes a long way towards making them feel safe and secure.

If you wish, you can also participate in the care. The team will show you what to do. For example, you can help with:

- mouth care
- morning personal care
- positioning your loved one in bed so that they are comfortable

The help that each family member is able to provide can vary greatly. Each person has their own history of life and illness, and their own connection to the dying person. Be sure to respect each person's boundaries.



The care team's primary goal is the comfort of your loved one. Care is adjusted regularly to best meet the person's needs. This requires teamwork between staff, patient, and family.

## Who can I contact for help or to ask questions?

Having a good support network is a great asset in this situation. The members of the care team are there to support you.

Don't hesitate to ask them your questions. If needed, the nurse or the doctor can refer you to another professional in the unit, such as a spiritual care provider or a psychologist.



### USEFUL RESOURCES

Association québécoise de soins palliatifs:  
> [aqsp.org](http://aqsp.org) (French only)

Canadian Hospice Palliative Care Association:  
> [chpca.ca](http://chpca.ca)

The Palliative Home-care Society of Greater Montreal:  
> [societedesoinspalliatifs.com/en/](http://societedesoinspalliatifs.com/en/)

Fondation Virage:  
> [viragecancer.org](http://viragecancer.org) (French only)  
> **CHUM, C Pavilion, 14<sup>th</sup> Floor, Room 7065**  
**1051 Sanguinet St., Montréal, H2X 3E4**

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our website  
[chumontreal.qc.ca/fiches-sante](http://chumontreal.qc.ca/fiches-sante)

*The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.*

To find out more about the Centre hospitalier de l'Université de Montréal  
[chumontreal.qc.ca](http://chumontreal.qc.ca)