

AS OUR BODIES DIE...

John W. Ehman, 5/00, rev. 11/01

Each of us will experience the death of our bodies differently, but some experiences/phenomena are very common in the last hours. Onlookers, however, may be surprised and/or misinterpret what we go through. The following are examples of physiological occurrences that should be understood by those around us as we are dying, so that they will not be unduly distressed, and we may be cared for properly.

As our bodies die...

- We tend to lose our appetite and may also drink less or not at all.
 - This doesn't mean simply that we've "given up," and being forced to eat or drink can be distressing and even dangerous.
- We tend to move less and need special care to protect against skin breakdown.
 - We need to be moved gently and regularly (but may *not* need to be moved in the very last few hours of our life if we seem to be comfortable, as some skin breakdown issues become moot in the last hours). We may become sensitive to touch, but tender touch and even very gentle massage may be important for our comfort.
- We may tend to become progressively sleepy and lethargic until we lose consciousness.
 - If so, we may not want to be prodded to stay alert.
- We may lose our ability to express ourselves before we lose *all* of our sense of communication.
 - We should be spoken to/about as though we were able to hear. However, the practice of speaking this way should not encourage in onlookers any misconception about the gravity of our condition.
- We may breathe with progressive shallowness and take longer between breaths.
 - This does not necessarily mean that we are experiencing suffocation.
- We may lose the ability to swallow or to clear secretions in our throats.
 - While a gurgling or rattling in our throat may be distressing to others listening, it may not be to us, if we seem to be resting otherwise quietly. If relief of this gurgling or rattling is called for, it can be done in a variety of ways, but probably *not* by suctioning in the mouth (which may be ineffective and cause further distress) unless the secretions are easily accessible.
- We may become incontinent due to the loss of muscle control.
 - We may need special measures to see that we stay clean, like a urinary catheter or rectal tube.
- We may lose our ability to close our eyes all the way, even if we are unconscious.
 - This should be understood as natural, and it only requires some special eye moisturizing to prevent discomfort. Onlookers may find this distressing, but it need not be for us as we die.
- We may need special care of mucosal membranes and the surface of our eyes.
 - Not all moisturizers are alike, so special guidance must be given by physicians/nurses.
- Our blood profusion will tend to decrease, and our kidneys will likely fail.
 - As a result, it is natural for us to have a more rapid heartbeat, lower blood pressure, coolness of our extremities, and some change in skin color. Urine output will likely fall or even stop.
- We'll probably need fewer medications in our last hours, except perhaps for pain medication.
 - All intervention aimed at benefit beyond the very short term is now unnecessary and potentially disturbing.
- We may tense and twitch muscles and in other ways give signs that might be taken as signals that we are in pain. While our pain control is *extremely important*, not all these signs may indicate pain, especially if they are transitory.
 - Don't confuse pain with terminal delirium or other conditions, for which special protocols are required. Also, a certain amount of muscle flexing in our face, arms, and legs may just be normal. None of these signs should be dismissed, but careful assessment of them will help guard against misdirected treatment.