

Chapter 1 : caring for a dying loved one a comprehensive guide ebooks preview

Providing care for a loved one facing a chronic or life-limiting illness or disease can prove stressful and exhausting, especially as the dying process begins, but also the ultimate act of love.

Messenger This article is part of our series on demystifying palliative care , where experts explain the process of end-of-life care in Australia. When someone dies at home, everyone in the family is affected. Looking after a relative who is at the end of their life can be enormously rewarding, but carers have many unmet information and support needs. This can take a toll on their physical and emotional health. Here are some tips if you are looking after someone nearing the end of their life. Look after yourself Carers looking after someone with a life-threatening illness have higher levels of emotional distress , including depression and anxiety, than the general population. Self-care might mean finding time to take a break from caring by signing up for yoga classes where calming breathing techniques are practised, or seeking counselling or support groups. Carers often feel proud that they have been able to look after someone in their last years, months or days of life. Get informed Caring for a relative at the end of life is likely a new experience. Research consistently shows carers want to know how to safely carry out practical caring tasks, like moving the person in and out of bed, preparing suitable meals, and giving medication. When patients have an advance care plan, carers report less stress because key decisions have already been made and documented. Take control over the end of your life: They also increase self-efficacy the belief of being able to personally succeed in caring tasks. Recently, distance learning has been offered to carers and evidence shows this helps them feel more prepared to carry out their duties. Ask for help Many current approaches to supporting people nearing the end of life involve working with whole communities. Known as compassionate communities , these approaches are based on the concept it is not just up to an individual carer, or the health service, to look after people approaching the end of life. Apps, such as Care For Me , and websites can help co-ordinate help from friends, family and the community. The website Gather My Crew offers a way for carers to list tasks they need help with, to take some of the pressure off themselves. Talk about it When someone is critically ill or dying, family members often decide not to share their worries with each other. Psychologists call this protective buffering. People do it to try to protect their family and friends from worrying more. Although it is well-intended, protective buffering can make people feel less close. Being able to talk about feelings means being able to deal together with the difficult things like pain or fear. Talk about your anxieties. Find language that suits you: Many family members and carers say they feel guilty for thinking about the future or making plans for after the person has died. Read other articles in the series:

Chapter 2 : How You Can Comfort a Dying Loved One

Caring for a dying loved one isn't easy. Even when you know the end of life is approaching, you might not feel prepared. Understanding what to expect " and what you can do to increase your loved one's comfort " can help.

Howland, PhD One of the hospice benefits includes spiritual sensitivity. Spiritual signs that death is imminent motivate the family to engage in their own spiritual rituals and comfort measures. The ultimate goal is spiritual readiness, the peaceful passage and triumphant arrival on the other side. Life Review During the physical and social decline of your loved one, spiritual activity is occurring. There may be stories forthcoming never told before. Spiritual lessons learned are passed on to the family. Near the very end As the body declines, the spirit activates a new dimensional level. How you can help Be sensitive toward efforts to express spiritual emotions. Offer spiritual affirmations of love, prayer and support. Provide gentle touch for reassurance. Discover spiritual nuggets in family stories. Emotional attachment Each family has its own emotional attachment system. Some are very attached while others are reserved. A few are detached. Illness softens people when the masks are tossed aside. It is appropriate to express gentle feelings. Expressions, real or wished for, are appropriate in the context of seeking forgiveness for failures. Detachment does not always signify a lack of love but preparation for leave-taking. Near the very end Though the loved one may not physically or verbally respond grief is acknowledged through expressions of forgiveness, thankfulness and love. How you can help Provide family presence with the loved one. Express concern, care and support. Acknowledge that grace envelops the room. The Work of Dying You and your loved one have not travelled this path together. It is a first. While moving toward the time to cross the bridge, your loved is making the transition to a higher level than the present environment. Near the very end Some ease over to the other side peacefully. However, it is not uncommon for the loved one to experience pre-death restlessness. There may even be a short period of lucidity before ascending to a higher spiritual plane. How you can help Acknowledge that the loved one may become restless. Your loved one may try to speak to you or to some unseen guest. Spirituality in daily life manifests in death. Generational history of rules, sacramental rituals and religious rites influence significant death, burial and bereavement ceremonies. Family religious observances stimulate desire and dialogue as well as support Near the very end Imminent death motivates introspection about achieving spiritual meaning. How you can help Reaffirm faith through examples of life. Dialogue about important spiritual principles each has learned. Read familiar Scripture or inspirational meditations. Fortify beliefs through music and religious symbols. Invite chaplain or clergy for faith tradition support. Pre-plan with dignity the final day and memorial service. Releasing Your Loved One to Cross the Bridge Individual identity and social relationships influence humans to seek for spiritual wholeness. Further, connectedness to someone greater than self indicates that the spirit is indestructible. Therefore, during the last moments, soul consciousness becomes preeminent. Near the very end Your loved one is completing spiritual work. You as a family consider spiritual lessons that are adequate to help you through this separation. What has been learned also sustains courage that life will go on after loss. How you can help Explore the sacred through conversation. Plan rituals and ceremonies appropriate for the dying process. Rely on your spirituality to comfort you.

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The long goodbye Today, having a loved one live with a terminal diagnosis for an extended period of time is fast replacing sudden and unexpected death as the norm. Consider, for example, that two thirds of those who are diagnosed with cancer currently have a five-year survival rate. The result of all of this is that death has become less and less a sudden and unexpected event. In its place has come a process that begins with a life-threatening diagnosis, proceeds through a period of treatment or treatments, and ends eventually in death. Because the nature of death and dying has changed so dramatically, the way we grieve has also changed. The new grief differs from traditional grief in significant ways, not the least of which is that it includes the terminally ill person. In addition, what has increasingly become a protracted process as opposed to an event not only leaves individuals to mourn but typically draws in the entire family of the dying person for months or even for years. This process has the potential to alter lifestyles and force families to confront issues that once were dealt with only after the death of the loved one. It can easily evoke issues from the past that were never fully addressed or resolved. Grief is a family matter The fact that grief today is a family matter as much as it is an individual one. What is needed is a new template—one that is relevant to families and their experience. That is what we present here. This model is intended to be a road map that you and your family can turn to as you navigate your way through the current realities of death and dying. And by the way, when we use the word family, we include not only blood relations but all those who have a significant connection to the person who carries the diagnosis. The challenges that families must face when confronted with a terminal diagnosis of a loved one are complex. They include evolving new structures and dynamics as the person they love slowly slips away. It means learning how to cope with setbacks and deterioration as well as periods of seeming remission. It means dealing with the complexities of extended grief, which can wear individuals down and lead at times to ambivalence or the unpleasant feeling we get when we find ourselves wishing that the process would end. It means talking with a dying loved one about mortality and other issues that do not arise when death strikes suddenly and unexpectedly. It means learning to make space for extended grief in lifestyles that are typically busier than those of earlier generations. Perhaps most important, the new grief involves confronting family issues that may have been dormant but unresolved for many years. These issues typically reemerge as families move past their initial reactions to a terminal diagnosis and are forced to interact and work together through a process of extended grief. Finally, it means moving forward together as a stronger family after a loved one passes. Without understanding and without guidance in each of these areas, family members who are forced by circumstances to cope with prolonged grief are vulnerable to serious psychological consequences, including depression, guilt, and debilitating anxiety. These circumstances can even lead to physical illness. Whole families are vulnerable to rupture as a result of a resurgence of unresolved issues that are unearthed as a result of a prolonged terminal illness in a loved one. Even loving couples may find their relationships in jeopardy as a consequence of unwanted lifestyle changes. What families need now—and will need in the future—is guidance for how to anticipate and deal with such issues. We are proposing here a five-stage model for family grief. However, we want to caution readers not to expect that there will be hard-and-fast boundaries separating these stages. While virtually every family will experience each stage, you should not expect one stage to simply end and another to begin. On the contrary, anticipate finding yourself dealing with issues associated with more than one stage at any given time. In addition, the stages vary in length and intensity, depending, for example, on the length of the terminal illness and whether there are any significant periods of remission. Crisis The diagnosis of a terminal illness or a potentially terminal illness creates a crisis for the family. Factors that affect how you may react at this stage include The history of as well as the current status of your relationship with the ill family member Whether the loved one is a spouse, a parent or a child. Anxiety is the most common initial reaction to the news that a family member

is terminally ill. However, if your relationship with the terminal family member has been strained or alienated, you may also find yourself feeling guilty, resentful, or angry. If the terminally ill person is a child or young adult, anger at the seeming injustice of early death may be the dominant emotion shared by family members at this initial stage. At this first stage of the new grief, all adult family members benefit from guidance issues such as what to expect in terms of their own emotional reactions, whom to seek support from, whom to share memories and emotions, with, and what to expect when they meet with the dying loved one and other family members.

Unity The reality of impending death has the effect of pressing family members to put even longstanding complaints or grudges on hold as they pull together to move into this second stage of grieving. This may be no problem for family members who have no conflicted feelings or unresolved issues of their own with the loved one, such as favored children. On the other hand, if you feel that you were always a less favored child or the family scapegoat, you should not be surprised if you experience a complex combination of emotions even as you strive to be a good team member. In Stage 2, the needs of the dying become paramount. A major issue for all family members in Stage 2 is how they will define their roles with respect to one another and the terminally ill member. If they do not give some thought to this—a situation that is quite common—they may quickly find themselves having regressed into roles they played years earlier, as children and adolescents, but that they would not consciously choose now. In this second stage of the grief process the family has much work to do, including:

- Choosing and working with a medical team
- Navigating the social services maze
- Pursuing and qualifying for entitlements
- Ensuring that critical legal work wills, living wills, and so on is completed

How the family organizes itself so as to complete these tasks can have powerful psychological and effects on each member, depending on how comfortable each feels with the role he or she is playing.

Upheaval The family will eventually enter this third stage of grieving if the process of dying goes on for some time, which it typically does today. At this point, the unity that characterizes Stage 2 begins to wear thin as the lifestyles of all involved, whether they recognize it or not, gradually undergo some significant changes. Whereas thoughts and feelings about these changes may have heretofore been put on the back burner, they can no longer be suppressed and begin to leak out. Emotions such as guilt, anger, and resentment are likely to emerge in Stage 3. At this stage the most important issue becomes being able to communicate honestly with other family members and with trusted loved ones. Suppressing thoughts and feelings about such upheavals can lead to strained relationships and eventually can cause the entire family to fall apart. As they enter Stage 4, family members often find themselves having more memories—both good and bad—of past experiences which usually reflect relationships with the patient, these important memories are different, typically telling the story of how family members have viewed their place and role in the family. Often they point to unresolved issues. Some of these memories may evoke feelings of joy or nostalgia; others, however, may evoke anger, jealousy, or envy. Others still cause feelings of pride or, alternatively, of shame and embarrassment. Stage 4 represents an unprecedented opportunity, if families only choose to seize it. Every family, as they say, has its share of skeletons in the closet. It is in this fourth stage of the grief process that the skeletons can be brought out of the closet, exposed to the light of the day, and cast forever into oblivion. In particular, Stage 4 is a time when the following can be addressed and resolved:

- Old rivalries and jealousies
- Long-held resentments

These two issues stand in the way of families being able to bond together as strongly as they could and love one another unconditionally. Some family members, however, may react to this opportunity with anxiety instead of with enthusiasm. Rather than seizing the opportunity, they may try to avoid facing these issues. However, facing up to them offers the best opportunity for the family as a whole to move on together to a happier future. In this way the process of family grief can set the stage for growth and renewal for all involved.

Renewal The final stage of grief actually begins with the funeral and the celebration of the life of the now-lost family member. This is a time of mixed emotions, to be sure, including both sadness and relief. If the family has successfully negotiated the previous four stages, however, this final stage also opens yet another door: It can be a celebration of life as much as it is a marking of a loss. It can be a time of creativity and planning, as the family decides, for example, how it will commemorate anniversaries and birthdays. As much as Stage 5 is a time for remembrances, it is also a time for looking forward, to revitalized relationships and to new family traditions. This site is for information only and NOT a substitute for

professional diagnosis and treatment. We depend on support from our readers. All donations help and are greatly appreciated.

For many families, keeping vigil near a dying loved one's bed is a way to show support and love. If you decide to keep vigil, continue talking to your loved one. If you think your loved one would want to share this time with others, invite family members or close friends to show their support as well.

March 2, at We commend you for your great strength and dedication to the care of your parents. Share your thoughts or story April 6, at 9: Some states have assistance for the aged so look up and get on their wait list because it takes a while. They are fortunate to have you. Share your thoughts or story August 4, at She has diabetes with complications and is getting very confused. He is mad at the world. No one can do anything right to please him. My told me the other day thst she hates him because he is so miserable. Our family is all caring for them , I get their meals at supper. It is very hard to go there and not get down. Mom refuses to talk about what is going to happen after he passes. We know she has to go to a nursing home but she said she will kill herself first. I am very depressed living through, I had to take time off of work. Is there any answer? Share your thoughts or story August 4, at 2: Your step-father may be very frightened - frightened to what is happening to him, to what will happen to your mother. Try looking at the situation through that lens. Maybe even ask him if he is frightened. Your mom is also likely afraid and uncertain. Have a good heart to heart with her. And remember to take care of yourself through all of this as well. Share your thoughts or story May 20, at 1: Share your thoughts or story June 18, at 1: Family stories of caregiving from diagnosis to death". It is available as paperback and ebook from many online bookshops, including [http:](http://) I remembered this very clearly when he was close to death. I held his hand in mine and told him it was okay to let go that I would make sure my mom was taken care of. A peace came over him and he passed soon after. Many of my family members were angry that I told him it was okay to die. I was not wishing him gone merely fulfilling his wish that my mom would be taken care of. I will never regret my decision. Share your thoughts or story April 29, at It made it easier for Your Dad to let go. You wrote, a peace came over him And yes it is OK to say it is o. What a loving Daughter you are!!! Share your thoughts or story October 26, at 5: My client was already bedridden with a terminal illness and hardly spoke but I knew of client from the pictures and certificates displayed proudly in the home. I know that my faith in God has helped me deal with this loss, thank you God for your guidance and love. Share your thoughts or story October 24, at 7: Talk to your loved ones about seeing the Lord Jesus Christ to touch His face. Do not tip-toe on tulips about seeing heaven. It is absolutely politically correct. For those who would say do not talk about God --then do not talk about God with them. Do not give your pearls to the pigs --they will just trample on them. Encourage the dying by telling them --this is just the beginning of your real life. Rejoice Mama, rejoice Papa! I will see you later!

Chapter 5 : End of Life Care Tips Caregiver Stress

Poem About Caring For A Dying Loved One My mother was diagnosed with an inoperable brain tumor in late March Over the next 8 weeks we saw the woman who had raised us so well, who had loved us and cared for us and would do anything for us, slowly fade away before our eyes.

Sign up now End of life: Caring for a dying loved one Whether you bring a dying loved one home or keep vigil at the hospital, you can take measures to provide comfort and relief at the end of life. Even when you know the end of life is approaching, you might not feel prepared. Choosing where to die Your loved one might have choices for end-of-life care. Most people prefer to die at home or in the home of a family member. You can assume the role of caregiver or hire home care services for support. Hospice care " services that help ensure the highest quality of life for whatever time remains " can be provided at home as well. Some people might prefer round-the-clock care at a nursing home, hospital or dedicated inpatient hospice facility. Hospice and palliative care " a holistic treatment approach intended to ease symptoms, relieve pain, and address spiritual and psychological concerns " can be provided in any of these environments. Seek clarity about the type of care your loved one wants at the end of life. Many people approaching death choose to stop treatments that cause significant side effects, preferring treatments that improve comfort. Your loved one also may prefer to die free from the burdens of life-support machines such as ventilators and dialysis machines. When you discuss the options with your loved one, consider his or her preferences as well as special physical, emotional and psychosocial needs. Evaluate how much support can be provided by family members and friends. You might ask for a referral to palliative or hospice care specialists " health care providers trained in specific care for people nearing the end of life. Spirituality at the end of life As your loved one approaches the end of life, he or she might talk about spirituality or the meaning of life. You might ask your loved one open-ended questions about his or her beliefs and experiences or most meaningful moments. You might want to invite a spiritual leader to visit your loved one as well. Saying goodbye You can help your loved one communicate his or her final wishes for family and friends. Encourage your loved one to share his or her feelings, including thanks or forgiveness, and give others a chance to say goodbye. This might stimulate discussion about important, unsaid thoughts, which can be meaningful for everyone. Your loved one might also find it comforting to leave a legacy " such as creating a recording about his or her life or writing letters to loved ones, especially concerning important future events. As death approaches, however, your loved one might show signs indicating that the end of life is near. Your loved one might frequently change positions. Your loved one might lose interest in friends or favorite activities. Your loved one might be drowsy, sleep more or have intermittent sleep. Your loved one might eat and drink less than usual. Pauses or other changes in breathing. This might happen when your loved one is asleep or awake. Reports of seeing someone who has already died. Your loved one also may tell you that he or she is dying. If your loved one: Try these comfort measures: Apply lip balm or petroleum jelly to his or her lips. Oxygen or a cool-mist humidifier also might help. Ask the medical team if medication might help. Has incontinence Use incontinence pads or a catheter to keep your loved one dry and clean. Hold his or her hand. Is agitated or confused Be calm and reassuring. Remind your loved one where he or she is and who is there. Ask the medical team for help if significant agitation occurs. Turn up the heat and provide warm blankets. Your loved one might also experience a brief, final surge of energy. Though it can be confusing to see your loved one with renewed vitality, remember that this is often a normal part of dying. If it happens, take advantage of the opportunity to enjoy your loved one and say your final goodbyes. If you decide to keep vigil, continue talking to your loved one. If you think your loved one would want to share this time with others, invite family members or close friends to show their support as well.

Chapter 6 : End of life: Caring for a dying loved one - blog.quintoapp.com

Here are seven tips that may help you and your dying loved one confront the reality of your circumstances and approach the end of life with more restful reassurance. Acknowledge the elephant in the room.

After all, it forces us to come face to face with our own mortality and to acknowledge that our loved ones--spouse, parents, siblings, and friends--will one day leave us. While believers need not fear death, those left caring for them often experience a strange mixture of pain and hope--pain as we begin to grieve our loss and hope in the assurance that our loved one will spend eternity with Christ. Of course, if our loved one does not have a personal relationship with Jesus Christ, we face an entirely different set of emotions and issues. How do we bring comfort to the dying? What can we say and do to offer hope? We struggle with fear--fear of saying or doing the wrong thing, fear of what lies ahead or fear that everything seems so out of control. But effective ministry to the dying requires that we move beyond our fears and personal comfort and step into their world physically, emotionally, mentally and spiritually. A friend of mine learned that her brother lay dying from an aggressive form of cancer and had only weeks to live. Unable to cope with her own pain and fear, she chose not to call or visit during the last days of his life. Move beyond your fears and step outside of your comfort zone to offer the dying the gift of your presence. Care for Physical, Emotional and Mental Needs One way to minister effectively to the dying is to provide for their physical, emotional and mental needs during this difficult time. What needs does your loved one have? Would it help if you ran interference with the doctor or hospice, ensuring proper medical treatment and care? Perhaps your loved one requires full-time nursing care or stronger pain medication. Do what is necessary to keep your loved one comfortable. The American College of Physicians makes this important point regarding emotional health: At the same time, it is important to be realistic about the seriousness of their problems. To the greatest extent possible, leave decisions on what feelings to share as well as when, how, and with whom to share them up to the patient. Ask, "Is there anything that you would like to take care of before you die? How can I help you with that? Do all that you can do to help. Keep in mind, too, that caregiving can be exhausting, stressful and overwhelming at times, which is why you need to step away from the situation periodically for brief periods to care for your needs. Ask another family member to stay with your loved one while you care for your basic needs: If your loved one does not have a personal relationship with Jesus Christ, now is the time to bring up the topic, but not before spending time in prayer. The best way to share the gospel is through your personal testimony. When you finish, explain that we have all sinned and that eternal life is a gift. All He asks is that we acknowledge our sin, believe that He died and rose again and confess Him as Lord and Savior. Is that something you would like to do? In Conclusion Dying is a part of life. When the time finally comes and your loved one dies, you can rest assured that the same God who extended His comfort through you will then reach down and comfort you.

Chapter 7 : Achieve Solutions | Caring for a Dying Loved One: Your Mental Health

It can be a positive experience to think about the rewards of caring, like spending more time together or knowing you're making a difference to a loved one at a difficult time. It's important.

You can call MHN for assistance or use our online provider search. Caring for a dying loved one Whether you bring a dying loved one home or keep vigil at the hospital, you can take measures to provide comfort and relief at the end of life. Even when you know the end of life is approaching, you might not feel prepared. Choosing where to die Your loved one might have choices for end-of-life care. Most people prefer to die at home or in the home of a family member. You can assume the role of caregiver or hire home care services for support. Hospice care “ services that help ensure the highest quality of life for whatever time remains “ can be provided at home as well. Some people might prefer round-the-clock care at a nursing home, hospital or dedicated inpatient hospice facility. Hospice and palliative care “ a holistic treatment approach intended to ease symptoms, relieve pain, and address spiritual and psychological concerns “ can be provided in any of these environments. Seek clarity about the type of care your loved one wants at the end of life. Many people approaching death choose to stop treatments that cause significant side effects, preferring treatments that improve comfort. Your loved one also may prefer to die free from the burdens of life-support machines such as ventilators and dialysis machines. When you discuss the options with your loved one, consider his or her preferences as well as special physical, emotional and psychosocial needs. Evaluate how much support can be provided by family members and friends. You might ask for a referral to palliative or hospice care specialists “ health care providers trained in specific care for people nearing the end of life. Spirituality at the end of life As your loved one approaches the end of life, he or she might talk about spirituality or the meaning of life. You might ask your loved one open-ended questions about his or her beliefs and experiences or most meaningful moments. You might want to invite a spiritual leader to visit your loved one as well. Saying goodbye You can help your loved one communicate his or her final wishes for family and friends. Encourage your loved one to share his or her feelings, including thanks or forgiveness, and give others a chance to say goodbye. This might stimulate discussion about important, unsaid thoughts, which can be meaningful for everyone. Your loved one might also find it comforting to leave a legacy “ such as creating a recording about his or her life or writing letters to loved ones, especially concerning important future events. As death approaches, however, your loved one might show signs indicating that the end of life is near. Your loved one might frequently change positions. Your loved one might lose interest in friends or favorite activities. Your loved one might be drowsy, sleep more or have intermittent sleep. Your loved one might eat and drink less than usual. Pauses or other changes in breathing. This might happen when your loved one is asleep or awake. Reports of seeing someone who has already died. Your loved one also may tell you that he or she is dying. If your loved one: Try these comfort measures: Apply lip balm or petroleum jelly to his or her lips. Oxygen or a cool-mist humidifier also might help. Ask the medical team if medication might help. Has incontinence Use incontinence pads or a catheter to keep your loved one dry and clean. Hold his or her hand. Is agitated or confused Be calm and reassuring. Remind your loved one where he or she is and who is there. Ask the medical team for help if significant agitation occurs. Turn up the heat and provide warm blankets. Your loved one might also experience a brief, final surge of energy. Though it can be confusing to see your loved one with renewed vitality, remember that this is often a normal part of dying. If it happens, take advantage of the opportunity to enjoy your loved one and say your final goodbyes. If you decide to keep vigil, continue talking to your loved one. If you think your loved one would want to share this time with others, invite family members or close friends to show their support as well. By Mayo Clinic Staff.

Chapter 8 : Mayo Clinic Health Library Articles and Information- Bay Area Hospital

Caring for a Loved One. If you are caring for a loved one with a serious illness, you should be aware that there is help available to you. Caring for a loved one with a serious illness can be exhausting and challenging.

All such conversations ask of us, ultimately, is what people appreciate hearing at any time of life: Time and again, families ask Massachusetts hospice nurse Maggie Callanan to tell them exactly when the final hour is approaching, so that they can time their good-byes. Is there anything critically important that would be left unsaid in our relationship if either of us died today? The dying often use symbolic language that indicates preparation for an imminent journey or change, Callanan says. Especially common is talk about travel, preparing for a trip, or seeing a particular place, "as if they have a foot in two worlds. If the person talks about impending death either directly or indirectly through metaphor, go along. Follow the metaphor with reassurance: Instead of attempting to play God with a yes or no answer, reflect the question back: How are you feeling? He died at 6: Truth is good -- but so is the little white lie. When her mother, dying of lung cancer in Pennsylvania, asked her if she and her brother had reconciled after a long feud, she replied, "No, not really. Things are still rocky. Stories of Heartache and Healing. She died three hours later. Survivors report that each precious moment can feel emotionally charged -- but overthinking this enormity can, ironically, dilute your ability to fully experience those moments. Trust your instincts, not "the rules. One common expectation, for example, is that people should be somber. For some people, for example, jokes and obliviousness are the right tone right to the end. Not knowing if a parting is the final one brings the happiest of visits to an uncertain juncture. Say what you need to say many times and in different ways," Callanan recommends. On parting, hospice workers suggest loving, open-ended phrases, like: You can speak volumes without uttering a word. Susan, a year-old Ohioan, says she felt awkward while listening to the eloquent words of comfort her siblings were giving their dying mother. So instead I just sat next to her and held her hand for hours," she says. With or without accompanying conversation, your presence and your touch rank among the most eloquent, regret-free ways there are of saying good-bye.

Chapter 9 : Terminal illness: Supporting a terminally ill loved one - Mayo Clinic

Life doesn't come with a manual, and neither does caring for a loved one who is blog.quintoapp.com yet so many caregivers I've met follow such a similar pattern of behavior, it would almost seem that instructions had been written for them to follow.

Caring for a Loved One: It goes a little something like this: But caregivers seem to do this at a whole different level. Cliched maybe, but true. And the problem is that without realizing it, we take what we know now and apply it to what happened then. Maybe it was a quick trip to the hospital cafeteria for a coffee, or stepping out to use the bathroom or make a call, or maybe going home for a quick shower. But in that time, that short time of stepping away, her mother died. I hear this story all the time. Of people being with their loved one for every second except for the moment they actually pass away, and the regret that follows them long after. Or maybe the questions and second guessing are more far reaching "should we have gotten treatment sooner? Should we have placed him in that nursing home? Why did I lose my temper and get frustrated with her? So back to the example of the daughter and the hospital. If the daughter had known her mother was going to die in that moment, would she have left? But we beat ourselves up afterwards, as if we should have known better. With no one to care for there is nothing left but time- time to think, time to second guess, and time to feel guilty. Whatever the reason, I believe there is a way to relieve some of this guilt. Being in this line of work, knowing the script that will be followed and wanting to spare her some of this pain, I suggested she write herself a letter. And the outline of the letter, for whoever is writing it, could go a little something like this: It is an honor and it is a privilege, but it is HARD. At times I feel I should know more, or do more "yet I can only know or do what I am capable of knowing or doing. While I may have support from friends, family and the medical establishment, in the end- the decisions rest entirely on my shoulders. I have no ability to predict the future. I am always crossing my fingers, spinning the wheel of chance, and hoping for the best. I need to remind myself that at most points in life there are rarely clear cut right and wrong answers and usually a whole lot of grey area answers somewhere in between. Some days my best was not very good. I need to forgive myself for that. I need to let go of things that have happened. I will devote my thoughts to my loved one "who they are or were, what they have meant in my life, and what they would want for me in my future. I will struggle and I will persevere. I will be gentle and patient with myself. I will do all of this. And I will do it every day, until I no longer need to do it any more. Recognize how freeing putting our thoughts on paper can be. Releasing them from a mind that will never let them rest, to a piece of paper where they can be recognized, honored and finally freed. And perhaps the only way to free ourselves, forgive ourselves, and move ahead. In time, most people do make their way back to their life and to those activities that took up their time prior to their life and role as caregiver.