

The Final Journey: Understanding the Body's Signals at the End of Life



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Learning Objectives

- Describe the normal physiologic processes that occur as death approaches.
- Identify common signs and symptoms in the actively dying phase.
- Explore how hospice supports both the patient and the family during this time.
- Describe how we can provide comfort in the final moments.

Overview of the Actively Dying Phase

- Typically occurs in the last hours to days of life.
- The body is shutting down; organ systems gradually cease to function.
- This phase is often predictable in pattern, though the exact timing is not.
- We emphasize the focus on **comfort, dignity, and presence** rather than intervention.



Decreased Responsiveness

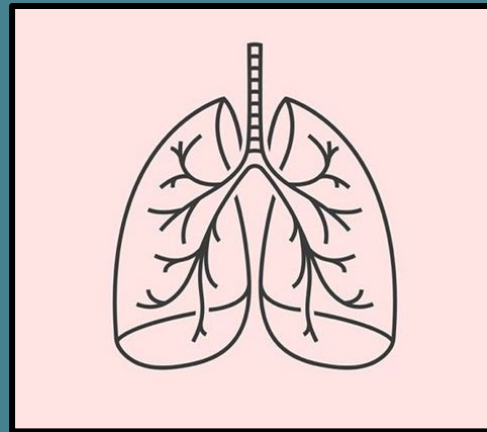
- Patients sleep more and may eventually become unarousable.
- Reflexive responses may still occur (e.g., grimacing to pain).
- Hearing is believed to persist until death—we encourage families to speak gently and reassuringly.



**“Even if your loved one doesn’t respond,
your words and presence still matter.”**

Changes in Breathing

- Common patterns: Cheyne-Stokes (waxing and waning breaths with pauses), irregular rhythm, or deep sighing.
- The “**death rattle**” results from secretions the patient can’t clear—may sound distressing, but is rarely uncomfortable for the patient.
- Medications can help reduce secretions.
- We emphasize that this is **not suffocation**.



Circulatory and Skin Changes

- **Mottling:** bluish-purple marbling starting in hands/feet and progressing centrally.
- Skin feels cool; blood shunts to core organs.
- Blood pressure drops; pulse may become irregular or absent.
- These changes often signal that death is near (hours to a day or two).



Decreased Intake and Output

- Loss of interest in food and fluids is expected.
- The body no longer processes nutrition or hydration in the usual way.
- **Families may worry** about starvation or thirst—we reassure them this is natural and not distressing.
- Reduced urine output; may be dark or stop entirely.



Terminal Delirium

- May include restlessness, agitation, picking at the air (“terminal agitation”).
- Can be caused by metabolic changes, medication effects, or emotional distress.
- Treatment often involves medicines (haloperidol) or non-pharmacologic support.
- Involve chaplaincy or social work if spiritual or emotional distress is suspected.



Emotional and Spiritual Signs

- Withdrawal from people, conversation, or even touch.
- Some become more peaceful
- Others may exhibit fear or anxiety.
 - Expressions of unresolved issues or closure.
- Patients may speak metaphorically (“I’m going on a trip”) or to **unseen persons**—this can be part of a **spiritual transition**.
- We validate what families and patients experience and witness.
 - **Ask: “Has your loved one said anything that stood out to you?”**



Communication Near Death

- **“Rallying”** is a brief period of clarity that can happen hours to days before death.
- Some patients share final words or blessings.
- Even in silence, the dying person may be “saying goodbye” in their own way.
- We encourage presence over words—sitting quietly can be deeply meaningful.



Supporting Families

- **Normalize** the dying process: “This is part of what happens naturally.”
- Encourage families to be present—share touch, hold hands, reminisce.
- Validate **anticipatory grief**: they are already beginning to grieve.
- Hospice staff can guide families gently through each change.



The Hospice Team

- **Interdisciplinary team:**

- Nurse
- Physician
- Social worker
- Chaplain
- Aides
- Volunteers

- Frequent visits in the final days; 24/7 on-call support.

- Families are never alone—help is always a phone call away.



When Death Occurs

- **Signs of death:** absence of pulse and breathing, eyes fixed, jaw relaxed, color change.
- Encourage families to take their time—no need to rush.
- Hospice handles post-death care, including pronouncement, body care, and initiating bereavement support.

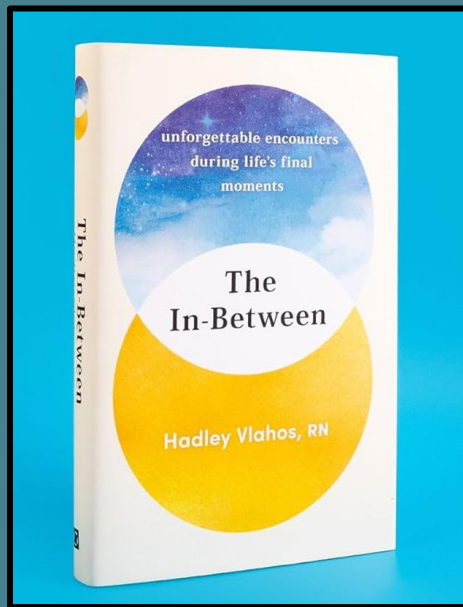


Summary

- The dying process often follows a recognizable path.
- Signs and symptoms are rarely painful when comfort-focused care is in place.
- Hospice helps families understand and cope with the process.
- Our presence, more than our words, is often the greatest gift.

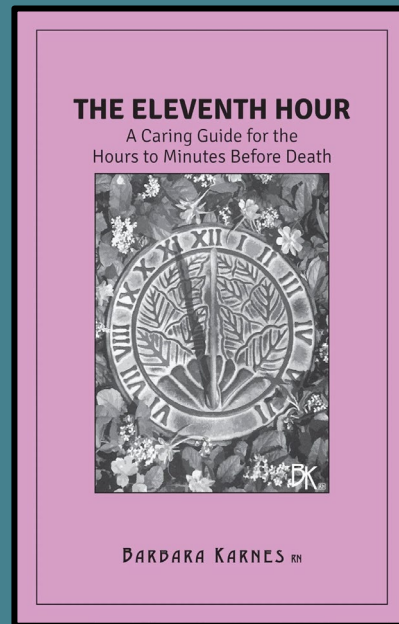


Book recommendations!



The In-Between: Unforgettable Encounters During Life's Final Moments

By Hadley Vlahos
R.N.



The Eleventh Hour: A Caring Guideline for the Hours to Minutes Before Death

By Barbara Karnes,
RN

Interesting videos



Hospice Nurse Julie on YouTube

References

- Fast Facts and Concepts – End-of-Life Signs (CAPC & Palliative Care Network of Wisconsin).
 - Weissman DE, Meier DE. Fast Facts and Concepts #1: Signs of Imminent Death.
<https://www.mypcnow.org/fast-fact/signs-of-imminent-death>
- Dy, S. M., et al. (2008). *Evidence-based recommendations for care of the dying in the last hours of life*. Journal of Clinical Oncology, 26(23), 5870–5876.
 - <https://doi.org/10.1200/JCO.2007.15.1412>
 - A landmark review article that summarizes common signs and the consensus on management.
- Hospice Foundation of America (HFA)
 - <https://hospicefoundation.org>
 - Provides public and professional education on end-of-life issues.