

Preparing for End of Life

This information does not take the place of
the care and advice of your care team.

Talk to your care team about your
questions and concerns.

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ISBN: 978-1-55457-661-6

This booklet was developed in collaboration with Cancer Care Nova Scotia and other community partners. The Department of Health and Wellness would like to thank everyone who contributed to this publication and the Colchester East Hants Hospice Society for granting permission to adapt their resource *What to Expect at End of Life*.

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Important Phone Numbers

Family physician: _____

Care team, daytime: _____

Care team, after hours: _____

Delegated decision maker: _____

Clergy or spiritual advisor: _____

Funeral home: _____

Lawyer: _____

Executor: _____

Bank: _____

Other numbers: _____

Foreword



Preparing for your own or a loved one's death can be emotionally draining. This booklet is designed to help you and your family prepare for end-of-life care. Take your time reading it. There is a lot of information to cover. You may want to make notes on things you need to do, as well as on questions you would like to ask your doctor, the other members of your care team, your lawyer, family, and friends. Your care team is here to help you. So make sure that you ask about anything that is on your mind.

This booklet has six parts:

- **What Plans Do I Need to Make?** describes some of the issues you need to discuss, the decisions to be made, and the plans you need to put in place.
- **Helpful Services** outlines a number of services that provide all types of support, from the practical to the emotional.
- **Changes to Expect Near the End of Life** reviews the common physical, emotional, mental, and spiritual changes to expect. This information may be difficult to read. But many people feel that knowing what to expect helps better prepare them to care for or be with a loved one near the end of life.
- **Place of Death** has information about the things caregivers may need to do, depending on where a death occurs.
- **More Information for Caregivers** includes helpful suggestions to prepare for a loved one's death and to cope with grief.
- **To Learn More** lists websites that may be helpful.

What is Palliative Care?

Palliative care is an approach that improves the quality of life of people with a life threatening illness and their families by preventing and relieving suffering. End-of-life care is an important part of palliative care. Based on the World Health Organization definition, palliative care:

- enhances quality of life, and may also positively influence the course of illness
- is useful early in an illness, not only near death
- provides relief from pain and other symptoms
- affirms life and views dying as a normal process
- does not hurry or delay death
- includes emotional and spiritual care
- helps people live as actively as possible until death
- helps a family cope during a loved one's illness and death, and during the grief process
- uses a team approach to address the needs of patients and their families

What Plans Do I Need to Make?



Many people can help you prepare for end-of-life care. Your family, friends, clergy, spiritual advisor, lawyer, and care team can support you as you make your plans. At the front of this booklet, there is a place to keep important names and phone numbers. Remember, you are not alone. Many people will be willing to help you.

Talking with Your Family and Care Team

It is important to talk with your family, family doctor, and care team about your wishes for end-of-life care. Having a plan will help reduce your worries and your family's worries. A plan will also help your family and care team do their best to respect your wishes. Together, you can decide where you would prefer to die and what care is available now and when the time of death is near.

If you want to die at home, it is important to talk with your family, family doctor, and care team to make sure the right plans are in place. For example, a funeral home will need a death certificate to transport your body. If the right plans are in place, your family can call the funeral home directly. The funeral home will call your doctor to complete the death certificate and will arrange the transport of your body. If these plans are not in place before your death, an ambulance may need to come, which may be distressing for your family.

Preparing a Personal Directive

A personal directive allows you to say how health and personal care decisions are to be made for you if you become mentally incapable of making decisions. A personal directive also helps loved ones who will need to make the decisions. It comes into effect only if you become mentally incapable of speaking for yourself. Preparing a personal directive is part of advance care planning.

A personal directive is a legal document that allows you to

- name a person you trust (called a delegate) to make health and personal care decisions for you
- write down the decisions that you wish to be made for you

A personal directive includes decisions about

- healthcare, nutrition, and hydration
- where you would like to live and die
- comfort measures and support services

Your personal directive needs to be written, dated, signed by you, and witnessed by an adult. You do not need a lawyer to write a personal directive.

A personal directive does not include financial decisions. To name a person to make financial decisions, you will need to set up an Enduring Power of Attorney.

To learn more about personal directives, read the information on the Department of Justice website, under Personal Directives in Nova Scotia: novascotia.ca/just/pda. There, you will find links to the following:

- Frequently asked questions
- Information booklet
- Planning for your future brochure — provides general information
- Making personal care decisions for a loved one brochure

- Instructions for creating a personal directive and sample form- shows you how to create a personal directive, includes a form you may use, and highlights choices to consider
- Instructions for creating a personal directive and sample form, naming a delegate only- shows you how to fill out a personal directive when all you want to do is name a person to make decisions for you

Emergency Health Services Special Patient Program (EHS SPP)

If your end-of-life care will be at home, you may want to register for the EHS SPP. This program allows paramedics to manage some of your symptoms at home, instead of taking you to the hospital. Talk to your care team about this program.

Your Financial Affairs

Make sure your affairs are in order. Preparing a will and organizing your finances will help your family take care of your estate. If you own your home, talk with your lawyer about the benefits of adding a loved one's name to the deed. Your estate includes pension benefits, insurance policies, and any other income you may have.

It is important to ask someone to act for you in case you become unable to speak or make decisions about your property and finances. This is called giving them enduring power of attorney.

A will is the only way that you can be sure that you, rather than a court, make decisions about your estate. A will also names the person who will look after your estate. This person is called your executor. If you already have a will, make sure it is up to date. Once your will is ready, it should be put in a secure place. Be sure your executor knows where the will is stored.

Talk with your lawyer or call the Public Legal Education Society, toll-free at 1-800-665-9779, for more information.

Your Emotional and Spiritual Needs

Each person has unique emotional and spiritual needs. Your needs will depend on things like your life history, your support system, and your spiritual and religious beliefs. Your care team may be able to help you find the emotional and spiritual support that is right for you.

Think about these questions:

- Would you like to have any rituals done before or after you die?
- Would you like to have any objects with you or near you before or after you die?
- Would you like to see or speak with any family members, friends, or spiritual leaders?
- Would you prefer that some people not visit you now or near your death?

Write down your wishes and discuss them with your loved ones.

Memorial or Funeral Plans

It may be easier for you and your loved ones to make memorial or funeral plans together. It is helpful to attach a copy of these plans to your will. Here are some of the questions you may want to think about:

- Do you want a service?
- What type of service do you want?
- Where would you like the service to be held?
- Whom would you like to lead the service?
- Are there family members or friends you would like to read, sing, or play an instrument?
- Do you want there to be a visitation?
- Do you want a burial or cremation?
- Do you want an obituary?
- Is there a special reading, prayer, or piece of music you would like?

You may also want to write about or talk about some personal or family history that may help with preparing a service or writing an obituary.

Helpful Services



Caregiver Benefit – Continuing Care Nova Scotia

This program helps low income people who need a lot of care, with a Caregiver Benefit of \$400 a month. To qualify, both the caregiver and the person getting care will need a home care assessment. For more information, call Continuing Care at 1-800-225-7225.

Caregivers Nova Scotia

This non-profit group helps family and friends who are caring for loved ones. The group offers many different kinds of caregiver support, including phone and group support. Call to learn more about these services: 1-877-488-7390.

Compassionate Care Benefit

This program is part of Employment Insurance. It supports a six-week paid leave from work for people who are caring for a loved one who is likely to die within six months. After you apply, there is a two-week waiting period before the payments start.

The program has a broad view of the term “family member” and applies to a

- member of the family by blood or adoption
- spouse or common-law partner’s family members
- person who is “like” family, such as a close friend or neighbour

To apply, contact Service Canada or call 1-800-622-6232.

HELP Community Bed Loan Program

Through support from the Canadian Red Cross and the Department of Health and Wellness, hospital-style beds are available to people for use in their homes. There are no time limits for use of a bed, but there may be a wait to get one.

To be eligible you must

- be a resident of Nova Scotia and have a valid Health Card
- be assessed by a Care Coordinator
- agree to be responsible for the bed while it is in your home

To apply, call Continuing Care, 1-800-225-7225. More information is available at novascotia.ca/dhw/ccs/need-help.asp.

Home Care – Continuing Care Nova Scotia

Home Care Services can help with your care needs at home. Home Care provides nursing services, pain and symptom management, home support services, respite care, caregiver support, and more. To find out more, call Continuing Care, 1-800-225-7225.

Hospice Societies

Hospice societies across Nova Scotia are non-profit groups that support patients and families in many different ways. Some have volunteers who can support you at home or in the hospital. Others give support over the phone or will ask you what kind of support you think would be helpful. Ask your care team about your local hospice society and how the people there might help you.

Palliative Home Care Drug Coverage Program

The cost of drugs can be difficult to manage for people who choose end-of-life care at home. This program helps pay for drugs you may need. To access this program you must

- be a resident of Nova Scotia
- have a valid Health Card
- be assessed by a palliative care nurse or palliative care doctor and meet the criteria

Once you are approved for this program, the nurse or doctor will fill out a form and send it to your local pharmacy. The pharmacy can then bill the Department of Health and Wellness for your drugs. Your approval is valid for six months.

Talk to your care team about this program.

Changes to Expect Near the End of Life



Physical Changes

This information may be difficult to read. But many people feel it helps better prepare them to care for or be with a loved one near the end of life.

Changes that happen as a person dies will vary from person to person. These changes are usually more difficult for others to watch than for the person to experience. The more that families and friends understand what is happening, the better they will be able to cope with these changes. Although all dying people do not have the same signs or symptoms, it is helpful to know some of the common ones. These changes are a normal part of the dying process, and knowing what to expect can help you deal with your fears and concerns.

If you are caring for your loved one at home and they have symptoms that you are not prepared for, or feel you are unable to cope with, you may need to call for help or reassurance. Your first calls should be to the people at the contact numbers your care team gave you. If you are unable to contact them, call 811, Nova Scotia's 24-hour nursing line. Or, if you are part of the EHS Special Patient Program (see page 7), you can call 911 and give the operator your loved one's SPP number. But even if you are not part of the EHS SPP, you can call 911 and paramedics may be able to help.

Breathing Patterns

As dying people get weaker, their breathing patterns change. There will be short periods when the person stops breathing. As they get closer to death, the time between breaths may get longer. It may seem like your loved one is gasping. At other times the person's

breathing becomes deeper, more rapid, or irregular. Oxygen will not help the person in either of these situations. Your loved one will not notice these breathing changes and will not be upset by them. Still, such changes may be distressing for you to watch. It's important to share your feelings with close friends, family members, and your care team.

Eating and Drinking

Near the end of life, your loved one may not eat or drink very much, if anything at all. At this stage, food or water will not help your loved one or help keep them alive longer. In fact, when the body's systems slow down, it is difficult for the body to manage food and water. And if you try to feed someone who is very sleepy, the food or water may go into the lungs. Ask your care team how to safely give your loved one food or water.

If your loved one wants water, raise the head of the bed a little and feed them ice chips or give them small amounts of water using a straw or a cup with a spout. Stop, right away, if your loved one coughs or has trouble breathing while you are giving them water.

An IV is usually not started near the end of life because the body cannot use the fluid properly. An IV can cause increased fluid in the lungs, and cause your loved one to suffer. An IV will be used if your loved one has a symptom that IV fluid would help.

Gurgling in the Throat

Very near death (a day or two to a few hours before) the person might gurgle or make snoring-like sounds. During this time the person will be very drowsy and may not respond at all. These noises are caused by several things—small amounts of mucus in the throat, the jaw dropping back, or the tongue moving back due to the relaxation of jaw and throat muscles. Sometimes, you may hear a soft, short moaning sound with each breath out. These changes will not cause suffocation or death from a blocked airway.

You can help the person by turning them on their side, with their head slightly raised. Make sure you place pillows all along the back to support this position. Staying in this position will often stop the noises. Sometimes the doctor will order drugs to reduce secretions. Oxygen will not help with this problem. Suction machines are needed only in rare cases and may cause some distress.

Loss of Bowel or Bladder Control

Your loved one may lose control of their bladder and even bowels; this is called incontinence. Incontinence is common and happens when the muscles relax. The best way to care for your loved one during this time is to keep them clean and dry. Checking them often will prevent skin problems, like rashes and infections. A plastic mattress cover and incontinence pads will protect the mattress from being soiled.

Your loved one may not need to urinate as often. Their urine may be tea-coloured and strong smelling. This is caused by the decreased amount of fluid they drink and the decrease in circulation in the kidneys. Your doctor may feel a catheter would help.

When handling waste or soiled clothing, protect yourself by wearing gloves. You can discuss proper disposal of soiled items with your care team.

Mouth and Eye Care

Caring for your loved one's mouth is important. Because they are breathing through their mouth and taking in very little fluid, the lining of the mouth and tongue can become dry and uncomfortable. Mouth care will help. You can get helpful products at the pharmacy to wet the mouth and protect the lips. Use these products and a sponge-tipped swab to clean and freshen the lining of the mouth, the gums, and the tongue. Sometimes your loved one may bite on the swab when you first put it into their mouth. This is normal. If this happens, hold onto the stick, and after a few moments the person will stop biting. Mouth care should be done at least every few hours. Your care team can tell you the products to use and what to do.

Eye drops, like artificial tears, will help soothe dry eyes. You can get these drops at your pharmacy. Your nurse can show you how to use the eye drops.

Pain

Usually, pain does not get worse near the end of life. As the body changes and your loved one becomes sleepier and moves less, they may have less pain. Your doctor may need to adjust drugs because of these changes. It is important not to stop giving pain drugs to your loved one, even if they are not responding verbally. They may still need their regular pain drugs.

If your loved one cannot swallow, the doctor will change the way the pain drugs are given. You may be asked to give pain drugs by mouth, by putting the medication against the lining of the mouth or under the tongue. Pain drugs are sometimes given anally, by suppository. And sometimes they are given by injection, using a special infusion set called a butterfly, which means using fewer needles.

Sometimes your loved one might moan. This might happen when you move them from side to side or when they breathe out. This does not mean they are in pain. However, some facial movements might be a sign of pain and that more pain drugs are needed.

Ask your care team if you have any questions about controlling your loved one's pain.

Restlessness and Agitation

Sometimes your loved one might become very restless or agitated. This may be a delirium. Your loved one may make restless and repetitive motions, such as pulling at bed linen or clothing. This can be caused by changes in the body or by a drug. Do not interfere with or try to restrain such motions. To calm your loved one, speak in a quiet, natural way, lightly massage the forehead, read aloud, or play some soothing music. It may also be soothing to talk about a favourite place your loved one enjoyed, or a favourite memory you share.

Try not to have many conversations in the room at once or conversations while music or the TV are on. This may be too much sound for your loved one and may cause restlessness. When your loved one is restless or agitated, one person speaking at a time is best. Also, sometimes touching an agitated person makes them uncomfortable. When your loved one is restless or agitated, watch to see how they respond to touch and sounds.

Drugs can be helpful in easing restlessness when other things do not work. Your doctor may prescribe a drug that can be absorbed under the tongue or at the side of the mouth, or that can be given by injection. This drug will be a mild sedative that will quickly calm and soothe an agitated or restless person. At first, a person may need this drug every half-hour or hour, and it may take several doses before it helps.

Ask your care team if you have any questions about how to calm your loved one.

Weakness and Sleepiness

As their illness progresses, your loved one may feel weaker and much more tired. These changes usually happen over a few days but can sometimes happen very quickly, over a few hours.

Your loved one may now be spending all of their time in bed. If your loved one is being cared for at home, having a hospital-style bed will be helpful. (See page 10.)

To increase comfort, you may want to place the person partly on their side, supported with pillows along the whole length of their body. Special soft, long body pillows are available at most department stores and can be very useful at this stage. It is a good idea to change the person's position every six to eight hours.

Your loved one may seem to be in a light sleep all of the time and may be more awake at night. Plan to spend time with them during the periods when they seem most alert or awake.

You do not need to be quiet when around your loved one. Speak with normal voices. However, avoid very loud noises, as these may startle and disturb the person and cause some distress. Always talk to your loved one as if he or she can hear everything. The person may be too weak to respond or may not be able to speak, but they may still be able to hear and understand what you say. Tell your loved one the things you want to say. Hug, touch, and cry—all of these things are important to you and your family, as well as to your loved one.

Very Near the Time of Death

As your loved one comes very close to the time of dying, their hands, arms, feet, or legs may become cooler, and the colour of their skin may change. The underside of the body may become darker, and the skin can look purplish. This is a normal sign that the circulation of blood is decreasing to the body's limbs and is being reserved for the most vital organs. Keep the person warm with a blanket, but do not use an electric blanket. The person's eyes may be open and not blinking at this time.

At this time, the nurse does not need to take your loved one's blood pressure and pulse. This can be uncomfortable for your loved one. Sometimes, someone who is unresponsive may suddenly become more alert as death approaches. This can last for minutes or for hours, before they become very sleepy and then unresponsive again.

Emotional, Spiritual, and Mental Changes

Disorientation

Your loved one may seem to be confused about time, place, and the identity of people, including close and familiar people. Clearly identify yourself by name before you speak. Speak softly, clearly, and truthfully when you need to tell them something important for their comfort. Explain the reason for what you are doing. For example, you might say, “It is time for your pain pill. You need this so that the pain won’t come back.”

Giving Permission

A dying person may try to hold on, to be sure that those who are going to be left behind will be all right. Telling your loved one that it is all right to let go, whenever they are ready, may bring them much needed spiritual peace. As difficult as saying this may be, it is one of the greatest gifts you can give your loved one at this time. It may be helpful to lie in bed with or hold your loved one, or hold their hand and then say everything you need to say.

Tears are a normal part of saying goodbye. Do not hide your tears from your loved one or apologize for your tears. Tears can express your love.

Spiritual Pain

Many of us are afraid to die. We worry whether our lives have made a difference. We may feel guilty about some things we have done. We may feel sad about leaving loved ones. We may be afraid of what comes after death. Most people have such concerns, whether they are religious or not; it is a normal part of the human experience.

You can help remind a dying loved one of ways they have made a difference in your life and how they will be remembered.

If you feel that spiritual support would be helpful, your care team can refer you to a religious or spiritual representative.

Withdrawal

While dying, most people begin to withdraw from their friends and family. For example, a person who was very involved in the community may want only one person or a select few people with whom they feel close at their bedside. It's important to respect these wishes, for doing so helps provide a comforting and calm environment for your loved one.

Visions

As they are dying, some people see or speak with people who have already died or whom they have not seen in many years. People generally find these experiences comforting. That you cannot see what your loved one sees does not mean that the vision is not in some sense real for your loved one. Affirm their experiences. If the visions frighten your loved one, ask your care team for suggestions to comfort them.

The Moment of Death

Although family members may be prepared for the dying process, they may not be prepared for the actual moment of death. It may be helpful for family members to think about and discuss what they would do if they were present at the moment of death.

When your loved one dies, their breathing and heartbeat will stop. They will not respond to stimulation. The eyelids will be slightly open and the eyes will seem fixed on a certain spot. There will be no blinking. The jaw will be relaxed and the mouth slightly open. The bladder and bowel may release. Sometimes the process is so gradual that we are not really sure for a while that our loved one has died.

There is no need to contact anyone immediately, even the doctor. The body does not have to be moved until you are ready. You and your family may wish to spend time with your loved one following their death. Take as much time as you need to say goodbye.

You may want to take some time to think about being present when your loved one's body is removed from the room. It is your choice to stay or go to another room.

No matter how much you prepare for this moment, death, like birth, arrives in its own time and in its own way. The experience of dying is different for every person and for every family.

Place of Death



Death at Home

When an expected death happens at home and plans are in place, it is not an emergency. There is no need to call 911.

If your loved one wants to die at home, it is important to talk with your family, family doctor, and care team to make sure the right plans are in place.

The funeral home will need a death certificate to transport your loved one's body. If the right plans are in place, you can call the funeral home when you are ready. Take your time; you do not need to do this right away. The funeral home will contact your loved one's doctor to complete the death certificate and will arrange the transport of the body. If these plans are not in place before your loved one's death, an ambulance may need to come, which may be distressing.

There is no hurry; you may want to call other members of the family to be with you at this time.

Death in Hospital

When an expected death happens in the hospital, the nurse or doctor will ask you about the funeral plans. If arrangements have been made, you or the hospital needs to call the funeral home to transport your loved one's body. If arrangements have not been made, then you will need to choose a funeral home as soon as possible.

You may stay at the hospital and wait until other family members arrive. You should collect all of your loved one's belongings and take them with you.

More Information for Caregivers



The end of a life can be a time of both sadness and joy, as families often come together and reflect on the life they have shared. In its way, it can sometimes be as special as when a new life enters this world. As death nears, it can be a time of fear; it can be seen as an end to suffering; and it can be seen as a time of reflection and healing. Most family members get to a point where they want the dying process to end quickly, and this may cause feelings of guilt. But wishing for a quick end is a perfectly normal reaction and is felt because of the love we have for the person.

Taking Care of Yourself

- During stressful times we may lose our appetite, but it is important to try to eat well. We also drink more coffee and tea, but try to drink water too.
- Take time to go outside. If you cannot go outside, be sure to move around, such as by walking up and down the hall doing some form of exercise, or just stretch your legs. Activity and fresh air help to relieve stress.
- Surround yourself with supportive friends, and let them help you.
- Use caution if relying on substances to cope. Talk to your health team if you are using alcohol, sedatives, or tranquilizers.
- Try to get some rest and sleep.
- Ask your care team about any questions, concerns, or fears that come to mind.

You may have mixed feelings: peace, relief, and terrible sadness. Tears are important. You do not need to hide your tears from your loved one or apologize for them. They are a sign of love and show your loved one that they have affected your life in a meaningful way.

Say What You Need to Say

Knowing your loved one's death may be close gives both of you the special privilege of saying goodbye. When you feel you are ready, think about how you will say goodbye.

Take time to talk to your loved one to see if there is anyone they would like to see or talk with.

Other ways of saying goodbye include writing letters, making videos, and passing along keepsakes.

Children

Children have great imaginations, and often what they imagine about dying is worse than what they will see at their loved one's bedside. Remember that children and teenagers overhear everything. They will sense something upsetting is happening, and if not told they will invent a reason for the family's distress. They will feel isolated and alone if they are not included in important conversations. Young children may fear the loss of others close to them, and often may need to be reminded that other family members are not sick and will be with them for a long time. Children and teenagers grieve differently from adults and often take breaks by playing or going out with friends. This does not mean that they lack compassion or do not understand. They may just need time away from grief and some space away from what is happening.

It is natural to try to protect children. However, their being prepared for what they will see is generally comforting for everyone. Children may misinterpret phrases like "God is taking grandma" or "We lost grandpa," or statements suggesting that death is like sleeping. Your care team can help you prepare children and youth, and help you answer any questions they may have.

Pets

It may be comforting for your loved one to have the family pet nearby. If your loved one is in the hospital and would like to see a pet, please check with the nursing staff to see if you can arrange a visit.

Grief

Grief is a natural process that accompanies loss. You and your family may experience loss at various stages throughout your loved one's illness, as well as after their death. Grief affects all aspects of life, and you may need support. It's important to express your grief.

You will need time to work through the pain that comes from loss. Though grief is a process, it can be like going on a journey without a map. There is no set way that grief is experienced.

Allow yourself to mourn. Mourning may involve crying, sharing memories and stories, having time alone, making a scrapbook, avoiding activities you shared with the person, or developing ways to remember. Mourning is different for everyone.

Your grief is unique. Sometimes we compare our experience of loss with that of others. Family members or friends may be grieving differently, and this can make us think we are doing it "wrong." Two common grieving modes are to want quiet time of reflection and to need to keep busy. Remember, no one can tell you how to grieve. Grief is something we all need to address in our own way, in our own time.

Expect to feel a wide range of emotions. We usually link grief with sadness. But grief can also involve a lot of mixed feelings, like anger, guilt, relief, loneliness, anxiety, love, disbelief, and many more.

You may feel numb. At times, you may have no feelings. This is a natural reaction to emotional pain. We can "shut down" temporarily as a way to process loss and grief.

Be patient with your physical and emotional limits. Grieving can affect our energy levels, both physically and emotionally. We may find it difficult to do everyday tasks and duties that we used to perform easily. Be patient with yourself and know that it is okay to set limits for what you can and cannot do.

Maintain a network of support. This can mean emotional support, but may also mean getting support for practical things, like taking care of meals, shopping, child care, or household maintenance. "Support" may also mean just being with people and not talking about your grief.

Make use of rituals. Funerals and memorials are types of rituals that can support your grief. You may also find other rituals comforting, such as lighting a candle, setting an extra place at the table, or touching a special picture or item that belonged to your loved one.

Embrace your spirituality. Many people struggle with big questions when faced with death. Allow for these struggles and questions, even though they may not have answers. Religious and cultural traditions can be a comfort and support.

You may question your beliefs. When something painful happens in our lives, we may ask, “What does this mean for me?” and “Who am I?” So often, our identity as a mother, brother, daughter, grandson, spouse, partner, or friend shifts when someone we love dies. You may feel shaken, lost, and that life has lost its meaning. This is a normal reaction. Give yourself permission to feel these things, and share your concerns with others.

Treasure your memories by finding ways you can regularly remember your loved one. For a while, memories, even happy ones, may be quite painful. When you’re ready, writing down or telling stories to people who knew your loved one can be very healing; it is a way of celebrating the connection you shared.

There is no time limit on grief. Sometimes we get strong messages that we should be “over” a loss by a specific time. This is unrealistic. Grief is not a straight line on which we move from the pain of loss to the comfort of being fully healed. It ebbs and flows, comes in waves, often when we least expect it. It can sneak up on us; it can surprise us as we turn a corner. Know that grief shifts and changes over time, but there is no set time frame for grieving.

Connecting with people who understand what you are going through is one of the best ways to support yourself. Talk about your grief with caring friends, relatives, or your care team. While many of us prefer to keep our feelings private, it is important to have a few people with whom to share how grief is affecting you. Bereavement resources and support groups are available. If you would like more information about grief or think that a support group might be helpful, ask your care team how to contact a local group.

To Learn More



Hopefully, this booklet has answered some of your questions and brought to mind conversations you need to have and plans that need to be made. For more information about end-of-life issues, you may want to visit the following websites:

- Access Nova Scotia: novascotia.ca/sns/access
- Canadian Hospice Palliative Care Association: chpca.net
- Canadian Virtual Hospice: virtualhospice.ca
- Caregivers Nova Scotia: caregiversns.org
- Legal Information Society of Nova Scotia: legalinfo.org
- Nova Scotia Hospice Palliative Care Association: nshpca.ca
- Personal Directives, Nova Scotia Department of Justice: novascotia.ca/just/pda
- “Preparing financially for your death or the death of a spouse or partner,” Financial Consumer Agency of Canada: fcac-acfc.gc.ca/Eng/forConsumers/lifeEvents/livingRetirement/Pages/preparin-planifie.aspx
- Advance Care Planning: advancecareplanning.ca

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