



“What’s Happening?” When a Loved One Is Dying

One of the most difficult parts of caring for loved ones is witnessing their decline. Where 100 years ago, it was common for people to die in their homes with family present, as modern people, it’s unusual for us to be present while someone is dying. That means we’re often unfamiliar with how people die and what it’s like to be with someone during that process. Knowing what may happen can take some of the confusion away – which is what this resource hopes to do for you.

Stages of Dying

It is sometimes said that the human body “knows how to die.” There are specific stages of dying, each with its own signs. The stages progress differently for everyone, and may occur in unexpected ways. Someone who suddenly becomes critically ill may decline without warning and move to the third stage immediately. Those with long-term illnesses may move back and forth between stages.

It’s normal for caregivers to be worried, and to become even more worried as more signs emerge of a loved one’s approaching death. Though worrying, these signs are normal for the caregiver *and for the person who is dying*. It’s okay to be afraid – and it’s okay to ask for help.

The early stage of dying may start a year before someone’s death, but tends to start several weeks or months before.

- Physical signs include reduced appetite and thirst, weight loss, more need for sleep, and a general sense of well-being. Lack of interest in food or drink doesn’t mean suffering: as bodies sleep more and do less, they need less sustenance.
- Psychological and behavioral changes may include introspection over regrets and old memories, or withdrawing from others.

The middle stage of dying is marked by more obvious changes, though when this stage will occur and how long it may last can be hard to predict.

- Physically, pain may become more common. Arms and legs may move suddenly, and there may be changes in skin color. Respiratory and cardiovascular changes also occur, including more coughing and breathing with a rattling sound of fluid in the throat that is sometimes called a “death rattle.”
- Behavioral and psychological changes may include sleeping even more than before, confusion when awake, hallucinating the presence of people who have already died or have been absent for a long time, and general restlessness.

The end stage, often called “active dying,” usually lasts for a few hours to a few days – but it can be longer, as well.

- Physically, breathing slows even more and becomes irregular. There may be periods of rapid breathing interspersed with periods of no breathing at all. Hands and feet may begin to turn purple and blotchy, and coloring changes may proceed up the arms and legs.
- Behaviorally, someone actively dying might be unresponsive but have their eyes open. Sometimes a person who is in this stage may experience a “deathbed rally” – a sudden burst of energy with activity they haven’t done in a long time. They may get out of bed, talk to family members they’ve kept at a distance, and eat after having not done so for weeks. These may seem like signs of improvement, but such rallies are only temporary.

What Do I Do During This?

Our presence and accompaniment is often the most loving thing – and the *best* thing – we can offer.

This can be *very* difficult at times. “Just being there” often doesn’t feel like helping. And it can be frightening when a loved one hallucinates, starts to withdraw from others, experiences serious discomfort, is unresponsive, or makes a “death rattle” sound.

It’s hard to just be there, but being there matters the most. Even in someone’s last moments, our words – our very presence – may help our loved ones know they are not alone and are loved. Research suggests that the sense that remains working the longest while someone is dying, even when unconscious, is their hearing. Having conversations nearby a dying person, talking to them, and playing music may be comforting, even when that person is unresponsive,

This is all hard. There are resources to turn to.

If it’s available, hospice care can be a great comfort for both caregivers and the dying person. Hospice care can provide pain relief and other medical care that makes the dying person more comfortable without harming them. Hospice care can also often provide connections to other resources for both patients and caregivers, including counseling and community support.

You can reach out to Machar: the rabbi is here to help, and other members can also provide support at these kinds of difficult moments.

Your presence for your loved one means everything – and you don’t have to do this alone.

How Do I Talk to the Rabbi?

Rabbi Jeremy: 301-708-9675 (cell/text messages); rabbi@machar.org (email)