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When Death Is Near

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At some point, deciding not to undergo cardiopulmonary resuscitation (CPR—an emergency procedure that restores heart and lung function) is appropriate for virtually all people who are dying and who can accept death. Dying people, families, and the care team should also make and record other important decisions about medical care (such as whether the dying person should be hospitalized or use a ventilator). Often, implementing these decisions requires specific actions (for instance, having the drugs at home, ready to manage symptoms).

If a person is expected to die at home, family members should rehearse whom to call (such as a doctor or hospice nurse) and know whom not to call (such as an ambulance service). They should also have help in obtaining legal advice and arranging burial or cremation services. The person or family and the care team should discuss **organ and tissue donation**, if appropriate, before death or immediately after death. These discussions are ordinarily mandated by law. Religious practices may affect after-death care of the body. Unusual practices should be discussed before death with the care team, as well as with the dying person or family members.

Dying people and their family members should also be prepared for the characteristic physical signs that death is near. Consciousness may decrease. The limbs may become cool and perhaps bluish or mottled. Breathing may become irregular. Confusion and sleepiness may occur in the last hours.

Secretions in the throat or the relaxing of the throat muscles can lead to noisy breathing, sometimes called the death rattle. Repositioning the person, limiting fluid intake, or using drugs to dry secretions can minimize the noise. Such treatment is aimed at the comfort of the family or caregivers because noisy breathing occurs at a time when the dying person is unaware of it. The death rattle does not cause discomfort for the dying person. This breathing can continue for hours and often means that death will occur in hours or days.

At the time of death, a few muscle contractions may occur, and the chest may heave as if to breathe. The heart may beat a few minutes after breathing stops, and a brief seizure may occur. Unless the dying person has a contagious infectious disease that poses a risk to others, family members should be assured that touching, caressing, and holding the body of a dying person, even for a while after the death, are acceptable. Generally, seeing the body after death is helpful to those close to the person. Doing so seems to counter the common but irrational idea later on that the person really did not die.

The last moments of a person's life can have a lasting effect on family members, friends, and caregivers. When possible, the person should be in an area that is peaceful, quiet, and physically comfortable. Family members should be encouraged to maintain physical contact with the person,

such as holding hands. If desired by the person, family members, friends, and clergy should be present.



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