

# The Tribute



**What you will learn:**

- ❖ **Common fears of the dying patient**
- ❖ **Words to say to loved ones at time of death.**
- ❖ **Words not to say to a loved one at time of death.**

The Tribute is a monthly newsletter published for member agencies in honor of our Hospice volunteers.

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## Volunteer of the Month

AHHC is happy to recognize Sam Miles, a Hospice Cleveland County volunteer, who doesn't mind crunching the numbers as our Volunteer of the Month. As an administrative volunteer Sam comes into the office 4 hours each week to pull together the patient/family volunteer statistics. He creates graphs/charts showing the number of visits and time volunteers make monthly to patients in homes, nursing homes and assisted living facilities. These numbers are then used to determine the percentage of hours hospice volunteers are providing each month to patients/families. Hospice Cleveland County truly appreciates Sam's dedication to the organization.

**For his commitment to this important task we pay tribute to**  
**Sam Miles**  
**Hospice of Cleveland County**  
**Shelby, NC**



*"The most beautiful people I've known are those who have known trials, have known struggles, have known loss, and have found their way out of the depths."*

*~Elisabeth Kübler-Ross*

## Communicating

When death is anticipated, it does give time for preparation, to say good-byes, to spend time together and also unfortunately at times we see our loved one suffer. People with chronic illness/terminal illness become quite familiar with their disease process, the symptoms, how to adapt as best they can to remain as normal as possible for as long as they can and the pain associated with their disease. Loved ones watch and experience anticipatory grief along with their dying loved one. Hopefully these patients have accepted the hospice benefit and we are there to escort them on this difficult journey.

Communication with the patient at end of life and their loved ones is sometimes challenging and difficult. Knowing the words to say is not easy. Circumstances for each situation will be unique and help determine what if anything should be said. Factors that influence those circumstances include but not limited to age, diagnosis, family dynamics, location in which the patient is being cared for, length of terminal diagnosis, support system, and the grieving process. Allow the patient to guide the conversation- they may wish to talk or they may be happy with quiet time. Respecting their wishes is of utmost importance, because after all it is all about them. Our tone and non-verbal behavior should not be forgotten when interacting with the patient and family as both are major components of effective communication.

It is important to remember that any words we say should be sincere, honest and come from the heart. Each word we speak means something-so choose them wisely. And sometimes silence is golden. As we have said many times before, presence has been identified as the most valuable gift we can provide our patients and families during times like this. So if you do not have words, it is ok.

## The Dying Patient

Patients will sometimes tell you, "I am dying." As a direct care volunteer you may have heard these words from patients before. How did you react? It is likely the patient who is able to say this, is watching for the listener's reaction? These words are dreadful to hear and sometimes the patient is cut off at that point because the listener is uncomfortable with death.

As volunteers with patients who are dying it is essential for us to be able to listen to them, even when they wish to talk about dying. There are seven common fears among patients who are dying. Allowing the patient to express these fears if they wish is vital to their end of life journey.

- Fear of the dying process
- Fear of leaving their loved ones
- Fear of losing control
- Fear of isolation
- Fear of other's reaction
- Fear of the unknown
- Fear life was meaningless

As stated earlier, allow the patients to guide the conversation. And know that sometimes they may not want to talk; they are happy with having you present with them. Presence is simply being there with the patient. Allowing them the autonomy to direct the activity if any is honoring their wishes and allowing them to maintain their dignity.

Situations may arise that you feel are beyond your comfort level or expertise. Discuss it with your volunteer manager/coordinator to determine the best strategy for helping the patient. There are experts on the IDG who can provide assistance to you and the patient/family to ensure the patient is allowed to discuss the issues that concern them. A positive experience by all involved is the intended outcome at this most difficult time.

## Appropriate words/thoughts to share with loved ones

- I'm sorry
- I'm sorry for your loss
- You are in my thoughts/I'm thinking of you
- He/she was a wonderful person
- I will miss him/her
- This must be so hard for you
- I love you
- I am so sad to hear about your loss
- I wish I could take away your pain
- I'll miss his/her kind words and sweet smile
- She/he was such a shining light in so many people's lives

## Inappropriate words/thoughts to share at end of life/death

- Everything happens for a reason
- It's God's will
- Do not cry
- I know how you feel
- Time heals all wounds
- It will get better
- They will be happy now
- I know he/she is relieved
- You have no reason to be sad
- He/she is better off



**“When someone you love becomes a memory, the memory becomes a treasure.”**

– Unknown

Credits: <https://www.thespruce.com/words-of-condolence-1216571> ; <https://www.shieldmysenior.com/what-to-say-to-someone-who-is-dying/> ; [https://newsblaze.com/entertainment/books/the-7-common-fears-of-dying-and-how-to-address-them\\_11249/](https://newsblaze.com/entertainment/books/the-7-common-fears-of-dying-and-how-to-address-them_11249/)