

Pain: People in the last days of life may not be able to tell us they are in pain. We look out for common signs such as grimacing, patients moving as if they are distressed, and sweating. If you are worried your loved one may be in pain, inform the staff caring for them.

Restlessness: Sometimes dying patients become restless. This is usually caused by chemical changes in the body, which affect the brain. If this is the case medication may help. Restlessness can also be caused by emotional distress - it might be helpful to involve a trusted professional, close friend or spiritual/religious leader.

Incontinence: As someone gets closer to death they may lose control of their bladder and bowels. Equipment such as pads or a catheter (a tube that goes into the bladder) can be helpful.

Breathing changes: When a person is getting closer to death their breathing pattern may change. Sometimes there are long gaps between breaths or breathing becomes fast and shallow. Occasionally breathing becomes noisy. This does not usually cause the dying person distress. Staff will monitor things closely. A change of position or medication may help.

The final moments: For most people the final moments are peaceful. Breathing becomes slower and more irregular with long gaps in between breaths. Finally they stop breathing altogether. This might happen over a few minutes or be a longer process. Often the person's body will relax and they may look peaceful.

Afterwards: Following the death of a loved one, family and friends may feel very shocked, even if they felt prepared. In most cases there is no need to do anything straight away. Professionals will explain what to do next when you are ready.

If you are worried that your relative or friend seems distressed or uncomfortable please tell us

Patient advice and liaison service (PALS)


If you have a question, compliment, comment or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3081. We will try our best to meet your needs.

The last days of life

Information to help you understand what might happen and how care is given, when someone is in the last days and hours of their life.





It is important to know what happens when someone is dying. Nothing takes away feelings of grief, but knowing what to expect may help you cope at this time.

This leaflet describes the changes that may happen and the care given at the end of life. Please ask the doctors or nurses if you have any questions about our care or this leaflet.

Recognising dying

It can be difficult to recognise when a person is dying. When the team think someone is dying they will explain why and discuss any concerns and anxieties you or the patient may have.

A person who is coming to the end of their life may be too unwell to communicate their wishes. The views of family and friends can help us understand what the dying person might want.

Some people die very quickly with little warning, while others become gradually less well over several days. Occasionally people may stabilise and improve. The team will regularly review the care being given. If there are significant changes they will talk to you and the patient.

Individual priorities for care

Patients may have considered what they would want and shared this with loved ones. It is vital to inform professionals about this so that their wishes can be met.

Place of care: Some people have a clear idea of where they want to spend their last days, this may change over time. We will try to accommodate individual wishes.

Religious and spiritual needs: There may be special practices or prayers that are important. This may include asking a spiritual advisor to attend. The hospital has a pastoral care service but your own spiritual advisor is most welcome.

Food and drink: It is normal for a dying patient to feel less like eating and drinking. A person can be helped to take oral food and fluids for as long as they wish.

Changes to medications: Doctors will discuss if all of the person's medications remain helpful. We may change the way we give them so it is easier for the patient (for example by injection). New drugs may be prescribed to manage symptoms. Sometimes a syringe driver will be used to give infusions of drugs gradually through the day.

How a dying person might look

It is impossible to predict exactly how each person will look in their final hours but there are certain common physical changes you may notice.

People may become drowsy and begin to spend much of their time sleeping. Their skin may become pale and moist and their hands and feet may feel cold. As they get more unwell they will be awake less and have little interest in their surroundings. This is part of the natural process.

Eventually the person may become unconscious. This could be for a short amount of time or last several days. Though unresponsive, they may still be aware of our presence, our voice and our touch.

For most people dying is a very peaceful process. There may be a gradual loss of consciousness, followed by breathing changes, until breathing stops. At such a sensitive time, relatives and close friends may wish to be involved in a practical way, perhaps by giving drinks or moistening the mouth or by talking to us about the patient's likes and dislikes.

Our teams will support relatives to do as much or as little as they feel able.