

## Visiting A Sickbed or Deathbed

When visiting an elder, or someone on their sickbed, or a terminally ill family member, or a friend who may be bed bound at home, or a loved one living in a nursing home, I am frequently asked, "What kind of gift or offering should I bring someone who is dying?" Or "How should I act," or "What should I say or do?"

The answer to these questions is simple: It's all about YOU! It's all about being yourself . . . give your compassion, love, care and thoughtfulness. These are the offerings most dearly needed and appreciated by someone who is sick, in a hospital, living in a nursing home, at home and bed bound with illness or injury, or someone who is dying in hospice.

**Example:** A dear friend, Jamie, whose 96-year-old father is dying with dementia, was challenged to find a degree of sureness or personal confidence when visiting with him. Her father no longer recognized Jamie and became agitated easily, so Jamie was searching for a way to make her visits meaningful but appropriate so as not to be overstimulating or distressing for her father.

For anyone in a situation like Jamie's, keep in mind one simple concept:

Whether someone is ill, or dying, suffering from chronic physical or mental illness, or has dementia or Alzheimer's, what matters as human beings is that we show up for those we love in the present moment, as we are and as they are . . .

Focus your conscious awareness on both what is true and what is challenging. Open your heart to the vulnerability of knowing there is nothing you can do to alter the condition of illness or injury. This surrender makes sweeter the joy in the moment as you come together. At least you can love, regardless!

This allows the one who is suffering permission to experience the full spectrum of their humanity and express joy themselves even while simultaneously experiencing pain or grief.

It takes just a bit of planning and courage to create meaningful visits with someone who is ill, injured or dying.

How to plan? Here are some very practical suggestions to help you find your way.

## **Two General Guidelines**

**Call ahead:** Call and talk with a caregiver or nurse and see what they can advise about the best time of day to visit your loved one or friend. It helps if you can arrive knowing that the time and day you have chosen is generally a good time for the person. Those who are ill or recovering from surgery, or suffering from dementia, or dying have good and bad days, and moreover, good and bad times during the day.

For example, it's not advisable to visit someone with dementia at the end of a day (say after 4 p.m.). Due to a syndrome known as Sundowners, people with dementia get more agitated with the loss of light at the end of the day. For many people with dementia either late in the morning or early afternoon tend to be good times to visit. Start planning your visits by checking in with the caregivers or nursing staff to learn about what day of the week and time of day tends to be best for a visit.

**Keep Visits Short:** Keep it short and upbeat. Short is hard to do if you've traveled far to get to the elder or terminally ill patient. You may naturally want to extend your time together because you're only in the area for a limited period. But short visits are best unless you are part of the family or caregiving team. And even then, be sensitive to and prioritize the needs of the one you are there to support.

As much as visitors are enjoyed, it can be tiring for the one who is wounded, ill or dying to focus attention outwardly for extended periods. Remember, the person you are visiting is involved in a very deep, internal process. Whether or not they are fully aware of it, the body demands that they be present to the healing or dying that is taking place. It is a lot of work and requires a lot of energy to be responsive to a healing or dying experience.

Distractions that move the person's attention out of or away from the inner work being done are quite welcome and DO provide relief. But eventually the body will call the person's attention back to the task at hand and they will need to mind the rhythm of the healing or the dying process.

As a general guideline, keep visits to around 15 -30 minutes if you can. It's better to visit more frequently for shorter periods of time than for one long drawn-out visit. Quality, not quantity. This suggestion also applies if visiting someone who just had an accident which resulted in injuries, or just went through major surgery. Your loved ones who fall into these categories need rest, so prepare yourself to bring the *quality of your presence to the one you love* versus giving them large *quantities of time* . . . unless you are specifically asked to stay longer.

Taking care of practical concerns such as laundry, or dishes, dumping out old flowers or filling up a water bottle; these things are needed and appreciated, but don't expect acknowledgement. Be of service in small ways because you like doing it, not for any reward or appreciation.

**Example:** My dear friend Lucy, at 94-years old, is progressively home-bound due to aging joints and limited mobility. She says she would like to be dead already but has the constitution of a 60-year-old. She has a neighbor, who checks in every few days, brings in the mail, puts out the garbage and catches Lucy up on the happenings in the community where they live. The neighbor is younger than Lucy and sometimes shares technology, photos or videos of her children or other relevant happenings that bring Lucy some delight. Along with being a source of great joy for Lucy, these visits are short, practical, helpful and personal.

I occasionally call Lucy from my car on my way home from the office, a 10-15-minute call. We laugh a bit or share the mundane details of the day, and I let Lucy know she's important to me and I'm thinking of her. Lucy appreciates that our calls are short, she doesn't have to work too hard to entertain me, and the after-effects linger for some time as her mood has been lifted.

## Planning What to Say

If the patient can recognize you, be ready to tell them a fun story about your day, or your kids, and then lead into a memory you have of them. Ask them to share about

their day, about the things in their room or house, or ask them to share memories with you about times with their family, friends, or the old neighborhood. But don't put them on the spot to remember a specific name. Keep it general and upbeat. If/when the friend or family member repeat themselves or tell the same story multiple times, smile and receive the story again. The point of the visit isn't the content of the stories, but the quality of the connection.

Touch their hand lightly and make eye contact. With and without words, let them know how much you care about them and how happy you are to be with them. Ask if there is anything they might like that you could bring them, maybe a photo of your garden, or your children, or some nice lotion for their hands.

If they can't recognize you, then you truly need a plan or ideas of what you are going to say to them or do for them. Some patients can't respond verbally either, so it's important to accept and understand that you will be carrying the burden of the conversation. Plan to report on the things in the world that have mattered to them over the years such as sports, movies, weather, travel, etc. Pictures or videos of the Dodgers winning the series or of you and your kids in Morocco might be welcome stimulation.

If the patient gets agitated by your presence, don't take it personally. It's not an indication that your plan went awry. You can't predict how your well-intentioned offering may be perceived. Simply leave the person to their process and plan again for another visit and other ways to be present with them.

While it's very hard for many children and partners to not be recognized by the person they love or care about, what is important in the moment is that you give them a nonthreatening reason to welcome you into their room again. Your willingness to allow their reactions without reacting yourself creates an atmosphere in which they can discover and experience safety and trust. These, then become your gift to your loved one . . . perhaps unintended but just what the nervous system needs!

### **What to Bring?**

This list is endless, but here are a few suggestions to get you started.

**Flowers & Plants:** Yes, it is ALWAYS appropriate to bring flowers. Just make sure they are not heavily scented. Smaller bouquets are best, or a small dried flower

arrangement or wreath. Remember, the visual statement is what is important, quality over quantity, color and harmony over size. Hospital/nursing home rooms usually do not have a lot of surface area for flower vases. Consider a wreath that can hang on a door hook. Heavy floral scents can cause headaches or allergy flare-ups, so unless you know the person very well and know their taste in flowers, keep it simple, minimal scent, and colorful.

Small plants can also be a good idea for an elder/terminally ill patient.

**Example:** I had a client transferring to a large hospital where family would not be able to join him for a few days. I ordered a little African violet to be in his room waiting for him when he arrived, and he said it meant a great deal to see that little violet on his bedside table. It also gave him a project to do to occupy his mind: he read up on African violets, their care and watering, and had something to talk about with his visitors and staff other than his death, which was imminent.

**Food:** Humans love food! We love the taste, the texture, and the smell of food while it's cooking, baking or grilling. Food evokes memories and is a simple joy to give to those who are bed or wheelchair bound, especially if they are living outside of their home. Bringing an elder or patient a small gift of food that they love and remember can make for a good conversation. Food is a great way to have a lovely visit with something fun as the focus point for a light and, hopefully, lively discussion.

Suggestions for how to make a gift of food:

**Snack Drawer:** Even when a person suffers from dementia, they often remember foods that they loved. You can create/supply a snack drawer in their bedside nightstand that can hold the goodies they like (even if they are diabetic) so that they can grab a snack whenever they want.

**Milkshake or Sundae:** Bring something they like that might be perishable to share in the moment. Ice cream sundaes can be devoured during the visit, or ice cream bars that can be kept in the freezer and delivered by staff over time.

If the elder is lactose intolerant, check out the line of frozen kefir desserts. It is a softer frozen dessert and has helpful probiotics. Frozen

kefir is also low fat, and it comes in small containers and in wonderful flavors. Food is a great way to have a lovely visit with something fun as the focus point for a light and, hopefully, lively discussion. Fresh fruit, cookies, frozen fruit bars, and other frozen fruit desserts like sorbets are well liked and can help with keeping hydration up, so those are particularly helpful for elders in the summer months.

**Hot Chocolate/Hot Drinks:** As a self-confessed hot chocolate lover, a high-quality hot chocolate drink is a fun and different treat. Pick up your favorite hot drink and the patient's as well and head on over for your visit. If they don't want the drink, then give it to another patient, believe me, a good hot chocolate or good coffee drink will never go to waste.

Remember, hospitals and nursing homes do not usually have the capacity to make more than instant coffee or basic tea. If your friend or family member is a coffee or tea lover, bringing them a good quality hot beverage may be one of the kindest acts you can do for them.

**Beer or Wine?** I had a frail hospice patient who was originally from Ireland, and he desperately wanted to drink a dark beer before he died. The man was in his late 90s, there was no medical reason not to give him a beer and his doctor approved it.

Before he died, his daughter brought in a cold dark beer in a go cup with a cover and straw for her father. When he took his first sip, his whole face just glowed he was so happy. Don't sneak alcohol into a facility or home. Ask the caregivers/nurses, get the advice of the doctor in case it would cause a reaction with medication – this one requires a plan and sign off from everyone involved with the patient, and most importantly the treating physician.

### **What To Do? Give the Gift of You!**

Everyone has something to offer that can lighten and brighten a day for someone who is homebound or dying.

**Hand/foot massage:** Anyone can give a hand or foot massage with a nice lotion; you don't have to be formally trained to do that for another

person. Make sure to ask if they would like a hand or foot massage, If they do not, then don't push it. Some people do not like to be touched, or it could cause pain, so before you do this, consider asking a caregiver if they think offering a hand or foot massage would be a good idea. If the patient does not want to be touched, then offer them some nice lotion that they can rub into their own hands to make them feel better and smell nice. Put some lotion on your hands and show them what to do if they are having a hard time understanding you.

**Read Out Loud:** from a new book you read together, or from a favorite book to create a memory, or from a magazine or a newspaper.

One night during a client's last hospital stay, I read out loud to him from his favorite book of poetry. His mother and sister were in the room with us, and when I finished I turned to find one of the nurses standing in the doorway listening as well. It was a magical night for us all, giving us the gift of taking our minds off the grief and helplessness and reminding everyone of the love we all shared.

I have a friend who has a beautiful speaking voice. She would read to an elderly friend who had gone blind but loved books. Reading stories or poems out loud is not just for children, adults like it too – audiobooks are popular for a reason! Need suggestions on what to read? You can check out the post . . . .

**Sing the Old Songs:** My friend Deb recently kept vigil at her mother's deathbed right before Christmas. Her mother loved to sing and singing together was part of their relationship. Deb invited some of her friends over one evening to the nursing home and they came with song books in hand. They sang the Christmas carols and hymns her mother loved. Sing the old songs from childhood, or the silly songs from the road trips in the car, even if you don't sing well, it's the memories that are the key to creating a wonderful moment.

**Use Technology:** You could make a video of the elder telling a story from their past to share with friends and family. Or you could Zoom with the elder's friends or family so they can chat and catch up. While using technology does take some planning and coordination to accomplish, it can be done. Many nursing facilities do not have Wi-Fi in

patient rooms, so be prepared to create a mobile hotspot to get this done. Or maybe plan to spend time listening or watching a sports event via laptop.

**Music:** Bring your iPad, iPhone (or iPod & portable speaker or other device) downloaded with the patient's favorite songs so you can listen together and talk about their favorite songs and reminisce. Or load up an iPod with their favorite tunes and give that as a gift, along with clearly written instructions on how to use the device so that they or staff members can set it up to run.

**Write Cards:** Many elders love to send cards to friends/family. I suggest you get a box of nice cards and see if they want to send a note to someone. You can write the message for them. They can sign as best they can and you can mail the cards for them. They may have many people they want to thank and not have a way of showing that gratitude in writing.

**Knitting or Crocheting:** If the patient used to knit or crochet regularly, and that is a passion you share, then bring your latest project to show your family member or friend. You could even knit with them or get them started on a new project. You may need to show them how to cast stitches, and they might only be able to knit for a few minutes, but if they were a knitter before the illness or injury, they might enjoy having something to do with their hands. Who cares if they drop stitches and never finish the piece, it's the action of having a project to work on that matters, especially one that reminds them of who they used to be before their illness or injury.

**Take Them for a Walk:** If they can walk and it's good for them to walk, suggest a short walk up and down the hallway, or out to a garden. If they cannot walk, but can get out of bed, bring a wheelchair into the room, and get them out and away from their room for a bit. This is critically important to help cheer someone's day: no one likes being stuck in a bed in the same room, day in and day out. Just the act of moving from bed to chair, then seeing other places within the facility, looking out the windows at the weather, going outside if the weather is nice enough for fresh air, looking at the birds and trees . . . it helps pass the day and brings more meaning into their lives.

## **Can't Visit:**

Think about sending the following items:

**Send Notecards:** A thoughtful note can be as meaningful as a face-to-face visit. They can also be used to decorate a room. People who are homebound, or living in nursing homes and hospitals may feel forgotten by their communities. Notes or letters sent through the post office is a treat, and cards are usually cherished. A card on a bedside table or windowsill can also provide a point of conversation for the staff and other visitors who can comment about the card and ask who it is from.

**Food can be shipped in:** This is a two-for-one return. The elder/patient gets mail and a treat that can be shared (or not!). You can send wonderful fruits during winter now. Personally, I like to send mini Honeybells from Florida – they are small, juicy, sweet, fragrant and easy to peel. There are also good quality preserved fruits, like peaches and pears, which can be sent and enjoyed a little at a time. Cookies, cheese and chocolates abound: the internet is full of ideas of treats to ship.

**Flowers:** Make arrangements with a local florist to deliver small bouquets of fresh flowers once a month.

**Salon Services:** Arrange for a manicure, pedicure, or hair appointment by a stylist from the local area once a month.

**Companion Services:** Consider hiring someone from a local nursing agency or companion care service or a high school service program, to visit and read to an elder, or provide respite care while family/caregivers take a needed break. If you are short on cash, check in with the hospital or nursing facility and see if there are volunteers who read or visit with patients who do not have friends or family close by.

**Order Baked Goods:** For a birthday or anniversary or holiday if you can't arrange a visit, have a box of cookies delivered or sent from a favorite bakery in your area. If the elder/patient can't make it home for a big occasion, you could see about hosting a little dessert event for the patient and their friends/family at the facility. Every facility can offer you some room that is private for such occasions, but it does take planning.

## What NOT to Do or Say!

A deathbed or sickbed visit is not the time for anger. If you are angry with the person who is ill or dying, seek counseling with a friend, a professional, or someone who can help you with those emotions. If you do not feel you can control your emotions at the deathbed or sickbed, then do not go to visit. Consider writing a note, if you can, that explains you wish them peace, that you hope they are not suffering, but that you cannot be present with them.

**Example:** A young man I know quite well visited his mother on her deathbed after 10 years of not seeing or speaking to her. She had done horrific things to him. He sought counseling before going to see her and he set his goals for the visit very clearly. He wanted to tell his mother that he was doing well, that he was happy in his life, and that he hoped she would not suffer. He grounded himself in the full knowledge that he was loved by his beautiful wife, his father and sister and brother, and that he was proud of himself for who he had become. He made a plan that nothing his mother said to him on her deathbed would or could change how he felt about his life or the love he shared every day with those closest to him. He was able to then go and see his mother and interact with her with a sense of peace and compassion that carried him through her death and beyond.

When visiting at a sickbed or deathbed, please respect the needs of the close family members as well as the patient. At the very end of life, a visit may not be possible or advisable because the close family members need to be there with their loved one without friends or neighbors dropping by. Call ahead, find out if a visit would be welcome and is a good idea. If it is not possible to visit, send a card or flowers, leave a note or bouquet on the stoop or at the nurses station; light a candle and offer up prayers.

You can always take a long walk or sit and sip a cup of tea or coffee and take time out from your day to think about your friend and the gift of knowing them. Then write them a note telling them about your walk or your time thinking of them. Find the words to express what knowing them has meant to you, and thank them for the gift of their friendship and their presence in your life.

We each have the power and ability to make a difference in the last moments of the lives of others, whether they are loved ones or strangers. It is always possible to make a moment meaningful and positive. Remember, your presence is everything . . . along with some thoughtful planning!