

# What to expect at the end of someone's life



**Marie  
Curie**

Information for family,  
friends and carers

\* Calls are free from landlines and mobiles. Your call may be recorded for training and monitoring purposes.

# Introduction

This booklet can help you prepare for the end of someone's life. This may be your partner, a member of your family, a friend, or someone else who is important to you.

It has information about making plans for their care and about the people who can help. We also talk about the changes that can happen in the last weeks, days and hours of someone's life.

If you do not feel ready to read some of this, you might want to come back to it. Maybe you would like to ask someone to look at it with you, like a nurse or a friend, so you have their support.



If you would like to speak to someone, you can call the free Marie Curie Support Line to speak to a nurse or trained staff member on **0800 090 2309\*** or email **[support@mariecurie.org.uk](mailto:support@mariecurie.org.uk)**

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# What to expect when someone is near the end of life

We are all different. It means we cannot say exactly what will happen when someone is near the end of their life. But in the last weeks and days of life, it's common to experience certain changes.

Some people want to know about these changes, or symptoms. It can make them seem less frightening. We have information about symptoms in the last weeks and days of life on pages 29 to 35. We understand that you may not want to read this – or you may want to come back to it later.

You might find it helpful to start thinking about:

- what care your family member or friend will need
- where they might be cared for
- how you can prepare.

Thinking about these things now, can help you try to arrange their care to meet their wishes. We have information about how you can support someone's wishes for their care on page 6.

## Standards of care

When someone is near the end of their life, they should have compassionate care. It should consider their needs and wishes.

Health and social care professionals should speak to you as well as to the person who is ill and they should offer you information if you need it. They should monitor the person who is ill. And they should give them the care and support they need if anything changes.

The person's doctors and nurses should be able to tell you about the changes that might happen at the end of life. Do not be afraid to ask them questions. They should listen and support you too.



# Section 1: Making plans for the person's care

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# Supporting the person's wishes

It's important that decisions about someone's care are guided by their own wishes.

This includes decisions about:

- how and where they'd like to be looked after
- what happens if they're unable to make decisions themselves.

You can support them if they want to talk about this with their doctor or nurse.

It is sometimes called **advance care planning** or, in Scotland and Wales, **future care planning**.


You can help them to write down their wishes. It's called making an **advance care plan** or an **advance statement**. In Scotland and Wales it is called a **future care plan**. It can make it easier for others to understand and follow their wishes in the future.

Someone may have more than one conversation about what they want. And they can change their plan to reflect this.

## Refusing treatment

Someone may want to make a decision about treatments that they do not want to have in the future.

They can specify the treatments that they do not want to have in certain circumstances. This is sometimes called an **advance decision to refuse treatment (ADRT)**, **living will** or **advance decision**. In Scotland, it is called an **advance directive**.

 Find more information about advance care planning on our website at [mariecurie.org.uk/planning-ahead](https://mariecurie.org.uk/planning-ahead) You can also order our free booklets, **Planning ahead** or **Getting care and planning for the future when you're LGBTQ+** from the website or through the free Marie Curie Support Line on **0800 090 2309**.\*



## If someone is unable to make decisions about their care

A **Power of Attorney** is a legal document in which someone chooses another person, or people, to make decisions for them. It can be important if they become unable to make their own decisions (they lose mental capacity). This might happen if they have an illness, injury or disability that affects their thinking.

There are different types of Power of Attorney:

### For financial and property decisions

This is called a lasting Power of Attorney for property and financial affairs in England and Wales, continuing Power of Attorney in Scotland and enduring Power of Attorney in Northern Ireland.

### For health and welfare decisions

This is called a lasting Power of Attorney for health and welfare decisions, in England and Wales. It's called a welfare Power of Attorney in Scotland. There's currently no equivalent in Northern Ireland. If you live in Northern Ireland, speak to the Office of Care and Protection (OCP) for more information. You can contact them by calling **0300 200 7812** or by email at [OCP@courtsni.gov.uk](mailto:OCP@courtsni.gov.uk)



We have more information about setting up a Power of Attorney in our free booklets, **Planning ahead** and **Getting care and planning for the future when you're LGBTQ+**. You can order or download a copy on our website at [mariecurie.org.uk/publications](http://mariecurie.org.uk/publications) or by calling the free Marie Curie Support line on **0800 090 2309**.\*

# Decisions about where someone will be cared for

As someone's illness progresses, they may change their mind about their care. The kind of support they need may change too. You can talk to them about where they'd like to be cared for now – and where they'd like to be cared for in their final days. These may not be the same place. And their medical needs may affect these decisions.

What matters most to someone at the end of life is personal and different for everyone. Your family member or friend may want to think about what matters most to them.

It might include:

- being free from pain and discomfort
- being near family and friends
- being in familiar surroundings
- having privacy and dignity.

You might be able to help with some of their care, particularly if they are at home. It's important to think about what support you're able to give. As well as thinking about your own needs too. Try not to feel guilty if you cannot take on as much care as you'd like to.

Health and social care professionals should try to support the person's wishes. But it will not always be possible to provide the care they need in the place they would like. For example, if they need a lot of care, it might not be possible for them to be cared for at home.

## Home

Many people want to be cared for in familiar surroundings and to be near people important to them, like family. This often means being at home. But, not everyone feels like this. And someone's care needs may mean that they need to be in a medical setting such as a hospice or hospital.

It's important to think about what care and support someone can have at home, especially if they start to need more care. Some nursing and personal care is available at home, but it's unlikely to be full-time care during the day or at night. Read more about managing care at home on page 13.

## Hospice

Hospices can provide free nursing and medical care for someone with a terminal illness or life-limiting condition. They can also support the person's emotional, psychological and spiritual needs – and care for the needs of the people important to them, like their family.

Some people stay in a hospice when they need specialist care. But people may also visit a hospice for treatments or support. Some hospices also provide care in people's homes. Hospices are run by various charities, including Marie Curie. You can find out which hospices are near to you at [hospiceuk.org/hospice-care-finder](https://www.hospiceuk.org/hospice-care-finder)

**“I want for nothing here at the hospice. The staff give me the medication I need and plenty of emotional support.”**

Sylvia, living with a terminal illness

## Residential care or nursing home

In a residential care home, staff look after people throughout the day and night. They are professional carers but they're not nurses. They provide personal care such as help with washing and dressing and providing meals.

A nursing home is like a residential care home, but there will be trained nurses on duty. It's sometimes called a 'care home with nursing'.

## Hospital

If someone's condition changes, or they need tests or treatment, they may need to go into hospital. Some people are referred to hospital by their doctor or nurse, while others need to go into hospital in an emergency.

Many hospitals have teams who specialise in palliative and end of life care. These doctors, nurses and other professionals are experts in caring for people as they approach the end of their lives. They can provide medical, practical and emotional care, and they may advise other nurses and doctors.

# Discharge from hospital

There may be a time when more treatment in hospital will no longer help someone. Deciding what to do next is called **discharge planning**. These decisions must be guided by the person's own wishes and needs as they approach the end of their life.

If the hospital has a palliative care team, they can help with the discharge plan. For example, they can explain what to expect in the next days or weeks. They can help you to make arrangements for the person's care. If they're not involved already, ask for their help.

Before someone is discharged, healthcare professionals in the hospital, like their doctors or nurses, will work out what kind of care they need.

The hospital will send this information to the healthcare professionals who will care for the person when they leave hospital, such as their GP or district nurse. This information is sometimes called a **discharge letter** or **care plan**. It is usually sent electronically to the GP.

If your friend or family member is not given a copy of the discharge letter or care plan, they can ask for it. You can also get a copy of it if they are happy for you to have it.

If you're not sure what to expect after the person leaves hospital, you should speak to the healthcare professionals at the hospital before the person is discharged. If you did not get this support at the hospital, you should contact the person's GP.

# Managing care at home

Many people want to be at home at the end of their life. They may prefer to be in familiar surroundings among their personal things, including things like pets. However, if someone needs a lot of care, it might not be possible for them to be cared for at home.

**“As much as my sister is a carer, caring for a relative is completely different... it was way harder than she thought it was going to be. Dad would have wanted us to have help if we needed it.”**

Jordan, who helped care for her father

## What care might someone need?

You and the person who is approaching the end of life can talk to the GP or district nurse about what support they might need. You'll need to get a realistic view of what to expect so you can make plans.

You might not be sure if their symptoms can be managed at home. Some people's pain or other symptoms can be managed well at home. But some people will need to be cared for in a hospice, hospital, care home or nursing home. They may need specialist nursing as well as help with things like washing, eating and using the toilet.

You might worry about whether you're doing the right thing. If you feel like this, it's best to speak to the person's GP or district nurse. You can also call the free Marie Curie Support Line on **0800 090 2309\*** or email [support@mariecurie.org.uk](mailto:support@mariecurie.org.uk)

## How will caring for someone at home affect other people?

Caring for someone at home may affect other people living there too. They may be pleased that the person will be cared for at home. But they may also find it difficult, especially if it means you have less time for them.

It's best to talk to anyone living with you about what to expect. You can also talk to them about any worries they might have. If they have not seen someone for a while, you could prepare them for any changes in how they might look or act. For example, you could explain that someone might now be sleeping a lot more.

If you, or anyone else close to you, would like to speak to someone you can call the free Marie Curie Support Line on **0800 090 2309\*** or email [support@mariecurie.org.uk](mailto:support@mariecurie.org.uk)

If there are children or teenagers at home, they'll need help to understand what's happening. You may also want to tell their nursery, school or college.




We have more information in our free booklet, **Supporting a child or young person when someone has a terminal illness**. You can order or download a copy on our website at [mariecurie.org.uk/publications](http://mariecurie.org.uk/publications) or by calling the free Marie Curie Support line on **0800 090 2309.\***

## What will your role be if someone is going to be cared for at home?

It's best to discuss what your role will be with the person's GP or district nurse. You may want to take on a lot of the day-to-day care. Or you may not be able to do this or want to do this.

You may be comfortable with some personal care for your family member or friend. But there may be some things that you – or they – may prefer were done by a health and social care professional.

 Find out more about caring for someone, including providing personal care, on our website at [mariecurie.org.uk/carer](https://mariecurie.org.uk/carer) You can also order or download our free booklet, **Caring for someone at home** on our website at [mariecurie.org.uk/publications](https://mariecurie.org.uk/publications) or by calling the free Marie Curie Support line on **0800 090 2309**.\*



# Health and social care professionals

You can talk to the person's GP or district nurse to find out what medical and personal care is available and what you can expect from this. Some personal care and medical care will not be full time.

In this section, we talk about some of the health and social care professionals who may be involved in caring for your family member or friend. They may come to the person's home or they may see them in hospital, at the GP surgery or another health centre.

## GP

The GP is in charge of someone's medical care if they are living at home or in a care home. They'll prescribe medicines and arrange for them to see other healthcare professionals.

You can contact the GP if you're worried about something. For example, if you're worried that the person is experiencing pain.

If you are finding it difficult to speak to the GP, it can help to explain that they are receiving palliative or end of life care.

## District nurse

The district or community nurse works with the GP. They may take care of medical and nursing needs, including giving injections, providing bowel and bladder care, and they can give advice. Some district nurses can prescribe medication.

District or community nurses coordinate lots of services. This might include working with other community nurses, healthcare assistants, social care workers, Marie Curie Nurses, Macmillan nurses, or other home care agencies. What is available may vary depending on where you live.

## Healthcare assistants or other professional carers

These healthcare professionals work closely with the district nurse. They may be able to come to the person's home and help with personal care tasks like washing, using the toilet, eating and drinking.

## Palliative care nurse

A palliative care nurse, for example a Macmillan nurse, may visit regularly to advise the nursing team on managing any pain and other symptoms. They can also help with practical problems and listen if you're worried or upset.

## Advanced Clinical Practitioner (ACP)

Advanced Clinical Practitioners are experienced nurses trained and qualified to a high level. They can diagnose conditions, make treatment plans, prescribe medications and refer for further tests or care. They might work in a hospital, a hospice, in a GP surgery or as part of a community nursing team.

## Marie Curie Nurses, Healthcare Assistants and hospice care at home service

Marie Curie has different services available in different areas of the UK. Care may be provided by a Marie Curie Healthcare Assistant and include:

- one-to-one nursing care and support overnight in your home
- care for a shorter period of time
- care during the evening or daytime
- care at very short notice in a crisis – for example, if you need urgent help with symptoms like pain or nausea.



To get care or support from Marie Curie's Nurses and hospice care at home service, you should contact your district nurse or GP. These services are not available in every area of the UK. Your GP or district nurse will consider whether a Marie Curie Nurse or hospice care at home service is right for you and may be able to refer you. You will need to go through your GP or district nurse and cannot refer yourself for this support.

## Physiotherapist

A physiotherapist can help with any movement or mobility problems. They can also support the person with breathlessness or fatigue.

## Occupational therapist

An occupational therapist can visit the person at home. They can advise on home adaptations or equipment and help you to get them. This might include things like a hospital bed, a hoist or a commode toilet.

## Pharmacist

Pharmacists are usually based in the community, such as in health centres or on the high street. They can provide support by:

- giving out (dispensing) medication
- advising on medication
- delivering medicines to your home if needed (although not all pharmacies will have this service)
- working with the other healthcare professionals to help you get the right support.

Some pharmacies have palliative care pharmacists. They are trained in palliative care and can offer more specialist support. This might include giving advice on the management of symptoms and suggesting local palliative care services. You could ask the GP about palliative care pharmacists in your area.

## **Dietician**

A dietician can advise on dietary needs. They can recommend what foods to try if someone has problems swallowing or eating, or any specific dietary needs.

## **Speech and language therapist**

This professional can help someone if they are having difficulty swallowing or communicating with other people. They may work closely with a dietician.

## **Social worker**

You and your family member or friend may need help from different services. Social workers can help with accessing benefits or social care. You can talk to a social worker about your needs and any help that you might need with caring for the person.

## Palliative care social worker

Some social workers are specialists in palliative care. As well as practical support, they can:

- provide emotional support
- support someone to have conversations about treatment options and future wishes
- connect you with local support groups, financial assistance programmes and care at home services
- help with bereavement support.

To ask for a social worker speak with your GP or contact your council. If you live in Northern Ireland, contact your Health and Social Care Trust.


## Chaplain or other spiritual care professional

A faith leader like a chaplain, may be able to offer spiritual support to you and your loved one. If you are part of a faith community, they may be able to help you stay connected with your community at this time. They are available to support anyone, whether you have religious beliefs or not, both before and after someone has died.

# Paying for care

Healthcare in the UK is usually free, including care in hospices and hospitals. Having doctors or nurses coming into the home to provide healthcare is normally free.

Your family member or friend may have to pay for some of the costs of their personal or social care. This includes getting personal or social care at home or staying in a care home or nursing home. This can depend on the care they need, where they live and their savings or income. Speak to their doctor, nurse or social care services about what care is available.

 We have more information in our free booklet, **Getting care and support**. You can order or download a copy on our website at [mariecurie.org.uk/publications](https://mariecurie.org.uk/publications) or by calling the free Marie Curie Support Line on **0800 090 2309**.\*



## If you find it difficult to cope

If you are finding caring for someone too difficult or too tiring, you can discuss options with the district nurse or GP. With the right support, your family member or friend may be able to stay at home. But they might be more comfortable in hospital, a hospice or a care home. This might be for a short time or longer term.

If your family member or friend moves out of home, it does not need to be the end of your caring role. You can still visit and be closely involved in their care.

**“As a family we want Mum to be cared for at home as it’s what she wants, but there have been tough times. We were really struggling on our own, but now we have help we know we are doing the right thing.”**

Patrick, family member

If you would like to speak to someone about how you are feeling, you can call the free Marie Curie Support Line on **0800 090 2309\*** or email [support@mariecurie.org.uk](mailto:support@mariecurie.org.uk)

## Looking after yourself

Caring for someone at the end of their life can be rewarding. For some people, it can be a time of real closeness. But it can also be physically and emotionally demanding. There's no right or wrong way to feel and your feelings might change often. Some carers talk about feeling:

- anxious and stressed
- sad, depressed and even helpless
- grief and fatigue
- lonely
- guilty or ashamed
- frustrated, resentful or angry.

Your caring responsibilities may mean that you cannot do the things you normally do. This includes hobbies or other things that make you feel like yourself. You may feel OK with this or you may feel resentful or upset. It's OK to have mixed feelings about your caring role.

If you're not sleeping well, you may feel more tired and stressed. Our emotions can often be more intense when we're tired. Try to acknowledge the feelings you have. It can help to talk about how you feel. You could talk to friends or your family, or to your GP or a counsellor.

## If you find it difficult to cope

You may be able to have some time off from caring while someone else cares for your loved one. This is sometimes called a **respite break**. You might be able to ask a friend or family member for help. You can also ask healthcare professionals about support. They may put you in touch with your local council or social work team to arrange it. You can also get in touch with them directly yourself.

Some care can be physical. If you're going to be providing a lot of care, such as moving someone, you need to know how to do it safely. For advice and guidance on moving or positioning someone, you should contact your local council and ask for an occupational therapist assessment.

You can ask your local council or trust for a **carer's assessment**. This looks at your needs and what training or support you might need to help you care for the person. In Scotland, you can ask for an **Adult Carer Support Plan** or **Young Carers Assessment**.

You may also want to contact a charity for carers. Carers UK ([carersuk.org](https://www.carersuk.org)) or Carers Scotland ([carersuk.org/scotland](https://www.carersuk.org/scotland)) can help you find support near to where you live.



Find out more about being a carer and accessing support at [mariecurie.org.uk/getting-care](https://www.mariecurie.org.uk/getting-care)  
We have more information in our free booklets, **Caring for someone at home** and **Getting care and support**. You can order or download a copy on our website at [mariecurie.org.uk/publications](https://www.mariecurie.org.uk/publications) or by calling the free Marie Curie Support line on **0800 090 2309**.\*



# Section 2: Symptoms near the end of life

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# Symptoms near the end of life

We are all different. This is also true when it comes to the changes we may experience as we approach the end of life.

But in the last weeks, days and hours before someone dies, there can be some common changes, or symptoms.

We do not include here every symptom that someone may experience near the end of life. Someone may also have symptoms earlier or later than we suggest here. Speak to the person's doctor or nurse about what to expect for them personally. We also have more information at [mariecurie.org.uk/end-of-life](https://mariecurie.org.uk/end-of-life)



# Changes in the last weeks of life

## Losing weight

It's common for people to lose weight and muscle and look thin or frail. This can be caused by their illness, treatment or because they have lost their appetite. Some people gain weight or have swelling or puffiness, sometimes called **oedema** (fluid build-up). This can be caused by their illness or sometimes by certain medicines.

## Eating and drinking less

In the last weeks of life, it's normal for someone to eat and drink less than usual or not at all.

When someone is near the end of life, their body slows down and needs less energy. They may not be able to process food and drink and they may be too sleepy or weak to swallow.

You can support your family member or friend to eat or drink if they want to and are able to. But try not to force them. It might make them uncomfortable.

Some of the things you can do to support them are:

- Follow their lead – they will let you know if they want to eat or drink.
- If they cannot speak, they might let you know that they do not want to eat by closing their mouth, turning their head away or biting the spoon.
- Offer small amounts of their favourite food or drink without pushing.
- If they want to, help them to take regular sips of drinks.

## What to expect at the end of someone's life

If someone's unable to swallow, you can ask if they should have their food or drink through a tube or drip. The doctor or nurse will be able to advise if it is suitable for them. It usually depends on the person's illness and condition.

If you are worried about how much your family member or friend is eating or drinking, it's best to speak to their doctor or nurse.

## Feeling weak and sleeping more

Needing to sleep more than usual is normal. Your friend or family member may now need to spend more time in a chair or in bed. They might need more help with things like washing, eating and going to the toilet.

If someone is sleeping, they may still be able to hear what you're saying to them.

## Bladder and bowel problems

Near the end of life, someone may lose control of their bladder or bowels as their muscles relax. You can talk to their doctor or nurse about how to look after their comfort and dignity. They may suggest a commode or using pads or wipes.

Someone near the end of life may become constipated. It can be caused by medicines and because they're now moving less and eating and drinking less. Some medicines can also make it harder to pee. Speak to the doctor or nurse about what can help.

## Changes in breathing

A person approaching the end of life may feel breathless or short of breath. Some people experience this throughout their illness. Others experience it in the last weeks, days and hours of life. The doctor or nurse may give them medicine or advise taking practical steps, like having a fan in the room or opening a window. Some people's breathing may also become loud or noisy.

## Pain

People often worry about whether someone will experience pain at the end of life. With the right treatment and support, pain can usually be managed.

It's best to tell the doctor or nurse if you are worried that the person is in pain or uncomfortable. They can look at medicines or other ways to help manage any pain.

## Feeling and being sick

People experience sickness differently. Your family member or friend may feel sick or be sick. Or they may not experience this at all. If they are feeling sick, their doctor or nurse can look at what is causing it and what can help. They might suggest changing their medicines, trying different foods, or supporting them with things that are distracting or relaxing.

## Talking less

Near the end of life, many people will talk or communicate less with other people. They might not seem to notice what's going on around them. Even if the person is not responding, it might help to talk calmly to them or hold their hand. They may still be able to hear what's being said or feel your touch.

## Delirium, restlessness or agitation

Some people feel restless or agitated. They may find it hard to feel comfortable and relaxed. This can be caused by different things including emotional concerns, medication or symptoms like pain, nausea, constipation or having a full bladder.

Delirium is confusion that comes on suddenly, over a period of hours or days. The person might feel confused, disorientated and agitated, and they may see or hear things that are not there (hallucinations). Delirium is often caused by things that are treatable, like medication, dehydration, infections or constipation.

If you notice a sudden change in the person you're caring for, let their doctor or nurse know. They can look at what might be causing it and what might help. They might suggest medicines and will talk about any side effects, like sleeping more. Having a calm, safe environment and being there to comfort them may also help.

## When to ask for help

If you are the main person who looks after your family member or friend, you might feel overwhelmed. You might feel like you are doing more than others. Remember, it's important to ask for help when you need it. Health and social care professionals are there to support you and the person you're caring for.

Ask for help from the person's GP, district nurse or care team if your family member or friend:

- has symptoms that are getting worse
- develops new symptoms
- is in pain, and you do not feel like this is being managed.

You can also ask for help from their healthcare professionals if you feel worried or upset and need emotional support.



Find out more about what to expect and managing symptoms on our website at [mariecurie.org.uk/end-of-life](https://mariecurie.org.uk/end-of-life), by calling the free Marie Curie Support Line on **0800 090 2309\*** or emailing [support@mariecurie.org.uk](mailto:support@mariecurie.org.uk)

# Changes in the last days and hours of life

Your family member or friend might find it reassuring if you speak calmly to them and hold or stroke their hand gently. Even if someone is unconscious, they may still be able to hear or feel you.

We have here some changes that may happen shortly before a person dies.

## Loss of consciousness

Someone may become unconscious near the end of life. But they may still have some awareness of other people in the room. They may be able to hear what's being said or feel you holding their hand.

## Changes to skin

The person's limbs, hands and feet may feel colder. This is because their blood circulation is slowing down.

People with lighter skin tones may look slightly blue, or their skin can become mottled (have different coloured blotches or patches). On people with darker skin tones, blue can be hard to see. It may be easier to see on their lips, nose, cheeks, ears, tongue, or the inside of their mouth.

Mottling is also harder to see on darker skin tones – it might look darker than normal, purple or brownish in colour.

## Noisy breathing

Breathing may become loud and noisy. Some people call this type of breathing the death rattle because it can happen in the last days or hours of life.

It can be upsetting or worrying for other people to hear the noisy breathing. But it's unlikely to be painful or distressing for the person. They are not likely to be aware it's happening.

But if you're worried that the person's uncomfortable, speak to their doctor or nurse. They might be able to change their position or give them medicines to help.

## Shallow or irregular breathing

In the time before someone dies, their breathing usually slows down and becomes irregular. It might stop and then start again or there might be long pauses or stops between breaths. This can last for a short time or for a long time before breathing finally stops.

## Moment of death

It's not always clear when the exact moment of death happens. When a person dies, those around them may notice that their face suddenly relaxes and looks peaceful. If the death is not completely peaceful, it's unlikely that they will have been aware of it. If people around them find the death distressing, it might help to speak to a bereavement counsellor afterwards.

There are many different beliefs about what happens after death, but those nearby may sense that consciousness has left.

# What to do when someone has died

After someone dies, a trained healthcare professional needs to verify the death to confirm that the person has died.

If you're in a hospital or a hospice, tell a healthcare professional that the person has died.

If you're by yourself at home or in a care home, call the GP or district nurse as soon as you feel able to. You might want to sit with your loved one's body for a while, or you may prefer to be in a different room. Speak to a friend or family member if you'd like someone else to be with you.



You can read about the practical things that need to happen after someone dies (including registering their death) in our free booklet, **When someone dies**.

You can download or order a copy for free at [mariecurie.org.uk/publications](https://mariecurie.org.uk/publications) or call **0800 090 2309**.\*

Or you can find this information on our website at [mariecurie.org.uk/grief](https://mariecurie.org.uk/grief)

## Marie Curie's Telephone Bereavement Support Service

Bereavement support can help you talk about how you're feeling, understand what you're going through and find things that might help. Through our Bereavement Support Service, you can access up to six weekly bereavement support sessions from a trained volunteer over the phone. This is free - there is no cost. It is for anyone who has been bereaved through illness. It does not need to have been recent and you do not need to have accessed Marie Curie services before. Call **0800 090 2309\*** or email [support@mariecurie.org.uk](mailto:support@mariecurie.org.uk) for more information.



# How Marie Curie can help

Marie Curie is here for anyone with an illness they're likely to die from, and those close to them. Whatever the illness, wherever you are, we're with you to the end.

## Marie Curie Support Line

**0800 090 2309\***

[support@mariecurie.org.uk](mailto:support@mariecurie.org.uk)

Our free Support Line is for anyone with an illness they're likely to die from and those close to them. Our team, including nurses and specialist Energy Support Officers, offers practical and emotional support on everything from symptom management and day-to-day care to financial information and bereavement support. Our Support Line is available in over 200 languages, or via webchat at [mariecurie.org.uk/support](https://mariecurie.org.uk/support)

## Marie Curie Companions

Companion volunteers focus on what's important to you and those close to you. It might be accompanying you to appointments, being there to listen to how you're feeling without judgment, or stepping in so family or carers can take a break. Companions provide the emotional and practical support you want - at home, in hospital or over the phone.

[mariecurie.org.uk/companions](https://mariecurie.org.uk/companions)

## Marie Curie Telephone Bereavement Service

Get ongoing bereavement support over the phone from the same volunteer. You can access up to six sessions of 45 minutes. We can help if your bereavement was expected, happened recently or was some time ago.

[mariecurie.org.uk/bereavement](https://mariecurie.org.uk/bereavement)

\* Your call may be recorded for training and monitoring purposes.

## Marie Curie Online Community

Our Online Community is a space for you to share thoughts, feelings and experiences. It's moderated by the Marie Curie Support Line team, who can also help answer your questions.

[community.mariecurie.org.uk](https://community.mariecurie.org.uk)

## Marie Curie Hospice care where it's needed

### Our hospices

Our hospices help people with any illness they're likely to die from, and the people close to them, receive the support they need. From medical and physical support to psychological and emotional care, whatever your illness, at whatever stage of the journey, we help you to live the best life possible, right to the end.

[mariecurie.org.uk/hospices](https://mariecurie.org.uk/hospices)

### Hospice care at home

Our nurses, healthcare assistants and other healthcare professionals bring the clinical, practical and emotional help you need to you, in the comfort of your own home. And we offer support to the people close to you too - from reassurance and practical information to letting them take a break.

[mariecurie.org.uk/nurses](https://mariecurie.org.uk/nurses)

## Looking for more information?

If you found this booklet useful, we have free information available online at [mariecurie.org.uk/support](https://mariecurie.org.uk/support) or to order at [mariecurie.org.uk/publications](https://mariecurie.org.uk/publications)

# Useful organisations

## Bereavement Advice Centre

[bereavementadvice.org](http://bereavementadvice.org)

Information and practical advice about the things that need to be done after someone has died and about grief support.

## Carers UK

**0808 808 7777**

[carersuk.org](http://carersuk.org)

Provides expert advice, information and support to carers. There are links to its national services from the website homepage.

## Cruse Bereavement Care (England, Wales and Northern Ireland)

**0808 808 1677**

[cruse.org.uk](http://cruse.org.uk)

Provides bereavement support, either face-to-face or over the phone, from trained volunteers around the UK.

## Cruse Scotland

**0808 802 6161**

[crusescotland.org.uk](http://crusescotland.org.uk)

Provides bereavement support, either face-to-face or over the phone, from trained volunteers in Scotland.

## **Sue Ryder**

**0808 164 4572**

[sueryder.org](http://sueryder.org)

Care and support for when someone is at the end of their life and grief support services.

## **Winston's Wish**

**08088 020 021**

[winstonswish.org](http://winstonswish.org)

A child bereavement charity which offers specialist practical support and guidance to bereaved children, their families and professionals.

# About this information

This booklet was produced by Marie Curie's Information and Support team. It has been developed with people affected by terminal illness, and health and social care professionals.

If you'd like the list of sources used to create this information, please email [review@mariecurie.org.uk](mailto:review@mariecurie.org.uk) or call the free Marie Curie Support Line on **0800 090 2309\***.

## Notice

The information in this publication is provided for the benefit and personal use of people with a terminal illness, their families and carers.

This information is provided as general guidance for information purposes only. It should not be considered as medical or clinical advice, or used as a substitute for personalised or specific advice from a qualified medical practitioner. In respect of legal, financial or other matters covered by this information, you should also consider seeking specific professional advice about your personal circumstances.

While we try to ensure that this information is accurate, we do not accept any liability arising from its use. Please refer to our website for our full terms and conditions.

## Did you find this information useful?

If you have feedback about this booklet, please email us at [review@mariecurie.org.uk](mailto:review@mariecurie.org.uk) or call the free Marie Curie Support Line on **0800 090 2309\***.



# Marie Curie

Marie Curie is the UK's leading end of life charity. Whatever the illness, wherever you are, we're with you to the end.

**0800 090 2309\***

Marie Curie provides free support over the phone in over 200 languages, and via webchat, to anyone with an illness they're likely to die from and those close to them. Our team, including nurses and specialist Energy Support Officers, offers practical and emotional support on everything from symptom management and day-to-day care to financial information and bereavement support. Visit [mariecurie.org.uk/support](https://mariecurie.org.uk/support)

We also have an Online Community where you can share thoughts, feelings and experiences at [community.mariecurie.org.uk](https://community.mariecurie.org.uk)

## We can't do it without you

Our free information and support services are entirely funded by your generous donations. Thanks to you, we can continue to offer people what they need, when they need it. To support us, visit [mariecurie.org.uk/get-involved](https://mariecurie.org.uk/get-involved) or use the QR code.

\* Calls are free from landlines and mobiles. Your call may be recorded for training and monitoring purposes.

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