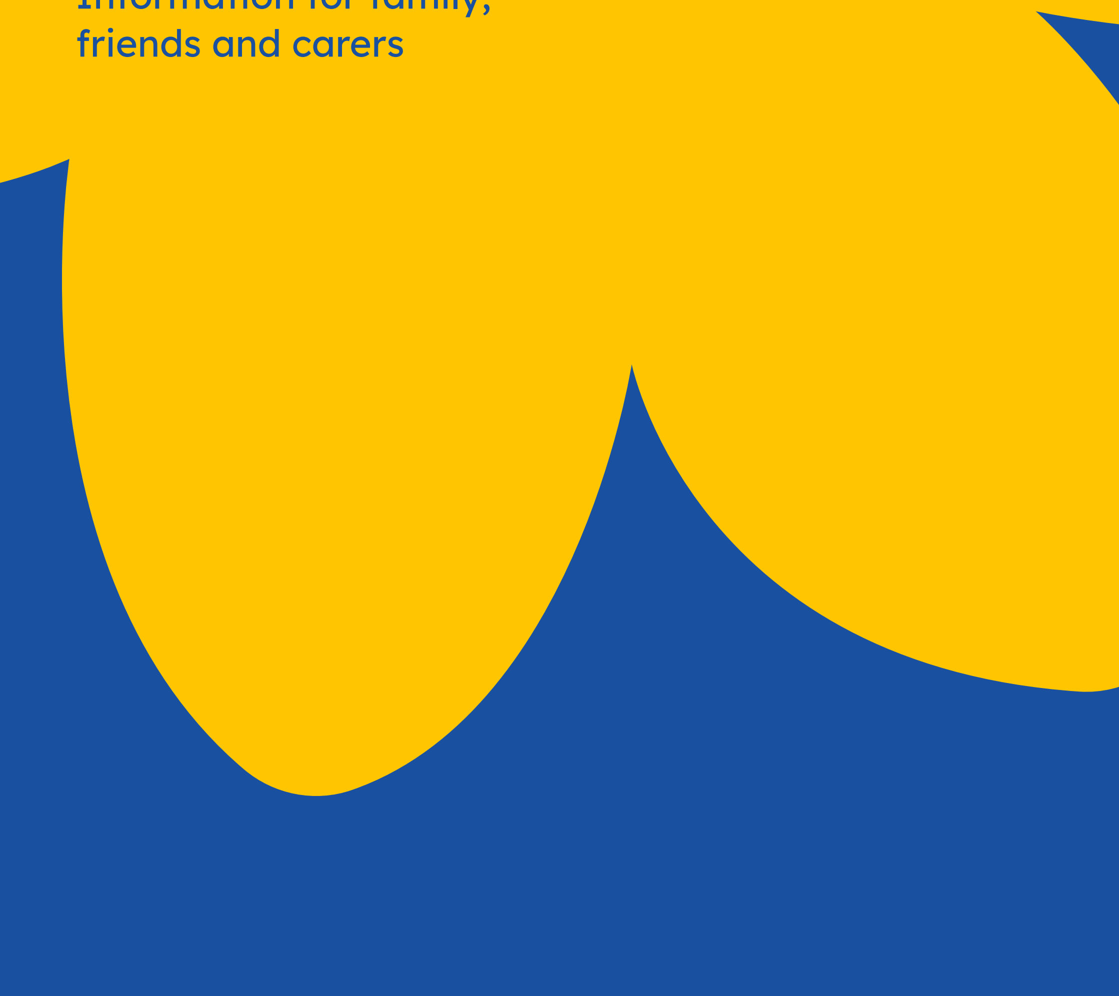
What to expect at the end of someone's life

Information for family, friends and carers

Marie Curie



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

Introduction

This booklet is designed to help you prepare for the end of someone's life. This may be a family member or friend, or someone else who is important to you. Knowing what to expect can help you to feel better prepared for their last few weeks and days.

It includes information about making arrangements for their care, people who can help, and some of the changes that your loved one may experience.

If you don't feel ready to read this information yet, you might decide to come back to it another time. You can also ask someone to look at it with you, like a nurse, so you have their support.

▶ If you would like to speak to someone, you can call the Marie Curie Support Line to speak to a nurse or trained staff member on **0800 090 2309*** or webchat at **mariecurie.org.uk/support**. This service is free for everyone across the UK – you don't need to have accessed Marie Curie's nursing or hospice services to contact us.

Contents

The words we use

In this booklet, we talk about caring for someone who is dying. We know that when you are caring for someone who is dying, there can be lots of different emotions and different relationship dynamics, and these can be difficult. You may be caring for a partner or loved one, or a family member, like a parent, sibling or child. You may be caring for a friend or neighbour. Or you may have an entirely different relationship to the person who is dying.

When we talk about your family member or friend in this booklet, we mean the person who you are supporting at the end of their life, whoever they are to you.

Philip Hardman/Marie Curie

What to expect

Everyone is different, so it's not possible to say exactly what will happen when someone approaches the end of their life. But in the last weeks and days before death, it's common for the person who is ill to go through certain changes.

Learning about these changes may make the future seem less frightening for the person and yourself. It might also help you to think ahead about what care they will need in the future, where they might be cared for, and how you can prepare. It may also help you to arrange their care so their wishes can be met.

Standards of care

When someone is approaching the end of their life, they should receive care that is compassionate and takes into account their needs and wishes. Your family member or friend's health and social care professionals should speak to you as well as the person who is ill, and offer you information if you need it. Health and social care professionals should monitor your loved one and provide the care and support they need if anything changes.

The person's doctors and nurses should be able to give you information about what changes might happen at the end of life. Don't be afraid to ask them if you'd like more information – palliative care doctors and nurses are there to support you, as well as the person who is dying.

Supporting the person's wishes

Planning their care

Decisions about your family member or friend's care should be guided by what they really want. This could include things like how and where they'd like to be looked after, and what should happen if they're unable to make decisions. You can support them if they want to discuss their plans with their doctor or nurse.

This is sometimes called **advance care planning** or, in Scotland, **anticipatory care planning**. You, or another family member or friend, can write down their wishes to make them easier for others to understand and follow. This is sometimes called making an **advance statement** or **anticipatory care plan** in Scotland.

Plans can always be changed, and that's OK. Things don't always work out as expected, and many people change their minds about what they want.

▶ You may find it helpful to order a copy of our free booklet, **Planning ahead**, or read it online, at **mariecurie.org.uk/publications**.

Refusing treatment

Your loved one may also want to make decisions about any treatment they don't want to have in the future. This is sometimes called an **advance decision to refuse treatment (ADRT)**, living will, advance decision or, in Scotland, an **advance directive**. They'll need to specify which treatments they want to refuse and under what circumstances.

Read more about planning care in advance and refusing treatment at **mariecurie.org.uk/planningahead** or call the free Marie Curie Support Line on **0800 090 2309***.

If someone can't make decisions about their care

A lasting Power of Attorney is a legal document that allows someone to choose another person, or people, to make decisions for them on their behalf. This can be useful if the person is no longer able to make their own decisions (loses mental capacity). This can happen if they have an illness, injury or disability that affects their thinking. Having a Lasting Power of Attorney gives them control over their decisions as they can choose someone they trust to make the decisions.

There are different types of Lasting Power of Attorney:

- For financial and property decisions, this is known as Lasting Power of Attorney for 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 known as Lasting Power of Attorney for health and care decisions in England and Wales and welfare Power of Attorney in Scotland. It’s not currently available in Northern Ireland.

▶ We have more information about setting up a Lasting Power of Attorney in our booklet **Planning ahead**. Order a free copy, or read it online, at **mariecurie.org.uk/publications**.

Philip Hardman/Marie Curie

Choosing where the person is cared for

As your family member or friend's illness progresses, the kind of support they need may also change. It can be helpful to talk to them about where they'd like to be cared for now as well as in their final days. These may be different places and they might change their mind about where they want to be cared for over time.

They may want to think about what's important to them and how the place they are cared for may affect those things. Some of the things people think about are:

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

Everyone is different, so what's important for one person might be less important for someone else.

You might help your family member or friend with some of their care, particularly if they are at home. It's important to think about what support you're able and willing to provide. Everyone wants to do their best for their loved one, but it's important to think about your own needs too. Try not to feel guilty if you aren't able to provide all of the care you'd like to, and think carefully about what you can offer. It's also important to discuss your loved one's preferences, too.

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Your family member or friend's health and social care professionals should try to support their choices about where they want to be cared for. But it's not always 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 always be possible to stay at home.

Home

Many people prefer to be cared for at home. The person who is dying may want to be surrounded by their loved ones or be in familiar surroundings. However, this is not the case for everyone.

It's important to think about what care and support your family member or friend will need at home, especially if their needs increase. 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 at home on page 12.

Hospice

Hospices provide free nursing and medical care in a friendly and comfortable setting. They also provide emotional and practical support. Some people stay in the hospice when they need specialist care, while others visit for treatments or support. Hospices are run by various charities, including Marie Curie.

> **"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 home or nursing home

In a residential care home, staff look after people throughout the day and night. The staff 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 (sometimes called a 'care home with nursing') is like a residential care home, but there are trained nurses on duty.

Hospital

If your family member or friend becomes unwell or needs 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.

Most 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.

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Being discharged from hospital or a hospice

If your family member or friend is in hospital, there may come a time when they will no longer benefit from further treatment in hospital. Deciding what to do next is a process called discharge planning. These decisions have to be guided by what your loved one wants and needs as they approach the end of their life.

If the hospital has a palliative care team (see page 10), they can help with your loved one's discharge planning. For example, they can explain what you might expect in the days or weeks ahead and help you to put arrangements in place. If they're not involved already, ask for their help.

Before the person is discharged from hospital, their healthcare professionals, like their doctor or nurse, 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 plan. The person who is dying can ask for a copy of this information, if it's not been given to them already. You can also get a copy, if they agree.

If you're unsure what to expect after they leave hospital, you can speak to the healthcare professionals at the hospital before they leave.

Managing care at home

Some people nearing the end of life want to be at home. Sleeping in their own room and having their own things around them can be very comforting. They might wish to see their family, pets and neighbours. Or they simply may want some privacy and peace. It might not always be possible to be cared for at home, if they need a lot of care.

What care might the person need?

You and your family member or friend 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 be unsure whether their symptoms can be managed well at home. Some people's pain or other symptoms can be managed well, but others might need care in a hospice, hospital, care home or nursing home. Some people need specialist nursing as well as help with things like washing, eating and using the toilet.

People looking after someone at home sometimes say they feel unsure if they're doing the right thing. If you feel like this, you could speak to the person's GP or district nurse. You can also call the Marie Curie Support Line on **0800 090 2309***.

How do those around you feel?

When you're caring for someone at home, it's likely to affect any other people living with you. They may welcome having the person at home, so they can help with care and spend time together. But they might not know what to expect or how to react. It might change their relationship with the person. And for a while, it might mean you have less time for them.

If they haven't seen your family member or friend for a while, you could let them know that they might look or act differently – for example, they might talk less or sleep more often.

If you or the people you are living with would like to speak to someone about these changes, you can call the Marie Curie Support Line on **0800 090 2309***. There are also online communities such as Marie Curie's online community, Macmillan's online community (for people affected by cancer) and the Sue Ryder online community, where you can speak to people in similar situations.

If children or teenagers are living at home too, they'll need help to understand what's happening. We have more information about supporting children and teenagers on our website at **mariecurie.org.uk/support**.

What will your role be?

You may want to take on a lot of the day-to-day care yourself, or you may not. You can discuss this with your loved one's GP or district nurse. There may be personal care tasks that you're happy to do yourself. And there may be tasks which you'd prefer help with. These may be tasks a health and social care professional could help with.

▶ Find out more about caring for someone, including providing personal care, on our website at **mariecurie.org.uk/carers** or by calling the free Marie Curie Support Line on **0800 090 2309***.

What care and support is available?

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 won't be full-time care. Below are some of the health and social care professionals who may be involved in the person's care. They might see them in their home or at an appointment in the hospital, GP surgery or other health centre.

GP

The GP will be in charge of your loved one's medical care. 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 are worried that your friend or family member is in pain.

District nurse

The district or community nurse works with the person's GP. They may take care of medical and nursing needs, including giving injections, providing bowel and bladder care, and giving advice on food and drink.

Healthcare assistants or other professional carers

They 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

They can 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.

Occupational therapist

They can visit your home and advise on what adaptations or equipment the person might need. This might include things like a hospital bed, a hoist or a commode toilet.

Dietician

They can advise on dietary needs and ensure the person has the correct food if they have problems swallowing or eating or any specific dietary needs.

Speech and language therapist

They can help the person if they are having difficulty swallowing or communicating with other people. They may work closely with the person's dietician, if they have one.

Social worker

You and your family member or friend may need help from different services. Social workers may be able to help with accessing benefits or social care.

Chaplain or other spiritual care professional

They can offer spiritual support to you and the person who is dying. They may also liaise with your religious community, if you have one, to help you stay connected during the person's illness. They are available to support anyone, whether you have religious beliefs or not, both before and after someone has died.

Paying for care

Healthcare 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, including 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 how much they have in savings or income. Speak to their doctor, nurse or social care services about what care is available.

▶ You may find it helpful to read our booklet on **Getting care and support** – you can read this online, or order a free copy, at **mariecurie.org.uk/publications**.

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Marie Curie Nursing Services

In some areas, Marie Curie Nurses and Healthcare Assistants provide care in people's homes, including overnight. This is organised through your family member or friend's healthcare professionals. To find out what services are available in their area, speak to their GP or district nurse.

Philip Hardman/Marie Curie

If you find it difficult to cope

It may become tiring and difficult for you to manage at home. 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, either for a short time or longer term.

If this happens, it may be a relief. But it may also be disappointing if you’d planned for them to be at home. If they do leave home, it doesn’t 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

Looking after yourself

Caring for someone can be rewarding, but it can also be challenging. You may experience changing and intense emotions, including resentment, guilt, stress and depression.

You may feel like your life is a lot more centred around looking after your family member or friend. You may feel less able to do the things you’d normally do, including hobbies or the things that make you feel like yourself.

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Some people feel comfortable with this, while others feel resentful or upset – it's OK to have mixed feelings about your caring role.

Try to acknowledge the feelings you have. It can help to talk about how you feel. You could talk to friends and family, or to your GP or a counsellor. Sometimes the person might need you during the night or you may feel unable to leave them. This can interrupt your sleep. Emotions often become more intense if you're tired and stressed.

It can help to take some time for yourself while someone else helps look after your family member or friend. This is sometimes called a respite break. You could see if any friends or family can help, or you could speak to healthcare professionals about what support is available. They may put you in touch with your local council or trust to arrange it. You can also get in touch with them directly yourself.

Some of the help you provide may be physical. If you're going to be providing a lot of care, such as moving your loved one, you need to know how to do it safely. You can get some training and advice from their health and social care professionals to help you feel more confident.

You can also ask your local council or trust for a **carer's assessment**. A carer's assessment looks at the needs you have as a carer, and what training or support you might need which would help you care for your loved one. In Scotland, you can ask for an adult carer support plan or young carers assessment.

▶ Find out more about looking after yourself on our website at **mariecurie.org.uk/carers** or by calling the Marie Curie Support Line on **0800 090 2309***.

Changes in the last weeks and days

Everyone is different, so it's not possible to say exactly what will happen when someone approaches the end of their life. But in the last weeks and days before death, it's common to experience certain changes. Sometimes these changes are more noticeable, while other times they may be more subtle.

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 loss of 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

Wanting to eat or drink less is natural, as the body uses less energy. Tastes can change and people won't always need to eat at the same times every day. Some people have difficulty swallowing, a sore or dry mouth, or feel sick.

If this happens, you may be able to support your family member or friend to eat and drink if they want to and are able to. If the person feels thirsty and has problems swallowing, taking small sips, trying different cups or sucking on ice chips might help. People who have problems chewing might prefer to eat soft, high-calorie foods such as ice cream and yoghurt. If you are worried about how much they are eating or drinking, speak to the person's doctor or nurse.

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Some people don't want to eat or drink or aren't able to. This is normal and they shouldn't be forced. People sometimes ask about having food or drink through a tube if someone is unable to swallow. If someone is expected to die within hours or days, this is unlikely to help them live longer or make them feel better, and it can cause other problems. Their doctor or nurse can look at whether extra nutrition or fluids are needed, and talk about the advantages and disadvantages of giving these.

Feeling weak and sleeping more

Some people need to spend more time in a chair or in bed as everyday activities become too tiring. Needing to sleep more than usual is normal. They may still be able to hear others talking gently to them or feel them holding their hand. At this stage, your loved one might need more help with things like washing, eating and going to the toilet.

Bladder and bowel problems

Near the end of life, some people lose control of their bladder or bowels as their muscles relax. There are ways to make sure comfort and dignity are maintained as much as possible. It can help to talk to the doctor, nurse, and the person themselves about what can help with this – they may suggest a commode if the person is able to move around, or using pads or wipes if they are less able to move around.

Constipation can be caused by medicines, moving less, and eating and drinking less. Some medicines can also cause trouble passing urine. Speak to the doctor or nurse about what can help.

Changes in breathing

Some people feel breathless or short of breath. Some people experience this throughout their illness while 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 (see page 26).

Pain

Some people experience pain but not everyone does. Pain at the end of life is something that many people worry about. With the right treatment and support, pain can usually be managed. Tell the doctor or nurse about any pain. They'll look at medicines or other ways to help manage the pain.

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Feeling and being sick

People experience sickness differently – the person who is dying may feel nauseous, or be sick, or they may not experience this at all. If they feel sick, their doctor or nurse can look at what is causing this and what can help. They might suggest changing their medicines, trying different foods, or doing activities that are distracting or relaxing.

Talking less

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 isn't 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 and find it difficult 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 aren't there (hallucinations). Delirium is often caused by things that are treatable, like medication, dehydration, infections or constipation.

The doctor or nurse can look at what might be causing the problem and what might help. They might suggest medicines and will talk about any side effects, like sleeping more. Providing a calm, safe environment or trying to distract them from any discomfort 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 like you have to do a lot yourself. 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:

- their symptoms get worse
- they develops new symptoms
- they are in pain, and you don't feel like this is being managed
- you feel worried or upset and need some emotional support.

▶ Find out more about what to expect and managing symptoms on our website at **mariecurie.org.uk/support** or by calling the free Marie Curie Support Line on **0800 090 2309***.

Final hours of life

It may be reassuring to know that for many people with a terminal illness, their needs are met in the last couple of days and the final moments are peaceful.

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.

Below are some changes that may happen shortly before a person dies.

Loss of consciousness

Many people 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

Limbs, hands and feed may feel colder. This is because the 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 if mucus has built up in the airways. This is because the person isn't coughing or clearing their airways. 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 people around them to hear the noisy breathing. But it's unlikely to be painful or distressing for the person who's dying. Often they will be unconscious or won't be aware of it.

Shallow or irregular breathing

As the moment of death comes nearer, 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 long time before breathing finally stops.

Moment of death

It's not always clear when the exact moment of death occurs. When a person dies, those around them may notice that their face suddenly relaxes and looks peaceful. If the death isn't 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.

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What to do when someone 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 the body by yourself 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.

▶ When someone dies, there are some practical things that have to happen, like verifying the person has died, registering their death, and organising a funeral. You can read more about this in our booklet, **When someone dies**. You can order one for free at **mariecurie.org.uk/publications** or call **0800 090 2309***.

Marie Curie's Telephone Bereavement 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 Telephone Bereavement Service, you can access a number of weekly bereavement support sessions from a trained volunteer over the phone. This is free – there is no cost. It can be used by anyone who has lost someone who has died from an illness. It doesn't need to have been recent and you don't need to have accessed Marie Curie services before. Visit **mariecurie.org.uk/bereavement** 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*

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. Open between 8am to 6pm from Monday to Friday, and 11am to 5pm on Saturday.

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

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

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

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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

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

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

Looking for more information?

If you found this booklet useful, we have free information available online at **mariecurie.org.uk/support** or to order at **mariecurie.org.uk/publications**

Useful organisations

Bereavement Advice Centre

0800 634 9494
bereavementadvice.org
Offers a free helpline for people who are bereaved and for professionals. It also has information on its website about practical matters and coping with grief.

Carers UK

0808 808 7777
Scotland: **0141 371 065**
Wales: **029 2081 1370**
Northern Ireland: **028 9043 9843**
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
Provides bereavement support, either face-to-face or over the phone, from trained volunteers around the UK.

Cruse Bereavement Care Scotland

0845 600 2227
crusescotland.org.uk
Provides bereavement support, either face-to-face or over the phone, from trained volunteers in Scotland.

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Sue Ryder

0808 164 4572
sueryder.org
Provides free care to people affected by life-changing illnesses, specialising in palliative, neurological and bereavement support.

Winston's Wish

08088 020 021
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** 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** 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**

We also have an Online Community where you can share thoughts, feelings and experiences at **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 donate, visit **mariecurie.org.uk/donate**

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

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