

5. Watch for special events. People who are terminally ill seem to have control over when, where, and how they die. One of my patients waited until the day after his daughter's birthday, and the night he died he was so restless that his wife decided to sleep in the living room. When she woke up the next morning, he was dead. He had chosen not to die before or on his daughter's birthday, and he didn't want his wife to see him die. Others wait for loved ones' or their own birthdays, anniversaries, graduations, baptisms, weddings, and other special occasions. Be aware of this fact as it may help you get an idea of when they might die.

One Last Thought. . . .

"And God will wipe away all tears from their eyes; and there will be no more death, neither sorrow, nor crying, neither will there be any more pain: for the former things are passed away." - Rev. 21:4



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¹ The information contained in this brochure is taken from the book *On Death and Dying* by Elizabeth Kubler-Ross



Love for a Lifetime

Caring for Our Families



When Our Loved Ones Are Dying¹

“Precious in the eyes of the Lord is the death of His saints.” Psalms 116:15

Stages of Dying (By Elizabeth Kubler-Ross)

1. Denial and Isolation: Used by almost all patients in some form. It is a usually temporary shock response to bad news.

It’s not wise to try to make a dying person “face up to reality.” Most people abandon the denial defense, usually as they become sicker or weaker.

2. Anger: Most anger, no matter how it’s directed, will be expressed to those who are closest and safest – family and friends.

3. Bargaining: A brief stage, hard to study because it is often between patient and God.

4. Depression: A dying person’s depression grows out of grief.

Their grief has two parts:

1. They’re mourning what’s already lost to illness – their health, their family role, their job, their independence.

2. For what will be lost when they die – personal relationships, life itself, and the future.

5. Acceptance: This is not a “happy” stage, it is usually void of feelings. It’s a feeling of peaceful resignation that usually doesn’t come to stay until death is very close.

It takes a while to reach this stage and a person who fights until the end will not reach it. It consists of basically giving up and realizing that death is inevitable.

Ministering to the Dying

1. The ministry of presence. Most people feel uncomfortable, maybe even afraid, to talk about death and dying. Therefore, when they hear that a friend, loved one, co-worker, or schoolmate has been diagnosed with a terminal illness, they stay away. In reality, what you say is not what matters to the terminally ill person or their family, but rather the fact that you cared enough to come be with them. However, respect their privacy and always call beforehand. If they are in a hospital, you must not only respect visiting hours but also be conscious of the fact that those visiting hours may be the only time the family gets to spend with their loved ones. Make your visits brief.

2. Listen. More important than what you say is how much you listen. While most people’s greatest fear is not knowing what to say, if you go prepared to listen and let the terminally ill lead in the conversation, you might find that death is not all that’s on their mind. They just want someone to talk to.

3. Empathize, don’t proselytize. If the person who is dying does not share your beliefs, this is not the time to try to convert them to your belief system; to do so may cause more anxiety than assurance. For instance, several of my patients talked about going to heaven after their death. Rather than lecturing on the state of the dead, I would say something like “As Christians we have a special hope, don’t we?” or “That’s a comforting thought, isn’t it?”

4. Offer practical help. Many people take the easy way out at the end of a visit with the standard offer “If there’s anything I can do, just let me know.” The reality is that during these difficult times the challenge for the patient includes thinking about what needs to be done or asking someone to do it. It would be better to offer to do specific things for them—mow the lawn, wash clothes, or run errands such as grocery shopping. Sometimes an offer to stay with the person who is ill to relieve the caregiver for a few hours can be the welcome help they need.

