The End.

What if that's where your story begins?

Perhaps it began with a persistent cough, and your doctor discovered a sinister shadow on your chest X-ray. Fate, without your consent, has brought you to the final chapter of the book of life, and it bids you to read on. Maybe, it's not you. But someone close, like your wife, whose stomachache has just been diagnosed as cancer. The end, whoever the characters may be, is suddenly at hand.

We are Hospice by the Bay, and we are here to serve the dying and their families. We want to acquaint you with reactions you may have to scenarios like those above, which can relate to the grief and anticipation of bereavement felt by others in your life.

We find that everyone grieves differently. Each of us can experience a broad range of reactions on any given day. Rather than moving along from less to more, or vice versa, in an orderly fashion, we take a few steps forward, a few back, a few sideways. Some of us are highly expressive, others are stoic. Numbness, shock and withdrawal are all appropriate. Even feeling nothing at all is completely legitimate. Here are a few ways you or your loved ones might react:

Your body. Physically, grief can make you feel tense. Your throat constricts. You feel tired. Yet, you can't sleep. Or you can't stay awake. You may feel aches and pains. Some signs of extreme stress and anxiety, such as tightness in your chest, can mask serious physical illness. See your doctor.

Your emotions. When the news sinks in, rage, anger and resentment may accompany the next question: "Why me?" Doctors and nurses will be criticized, and visitors received with little cheer. Instead of responding with grief, tears and reduced visits, put yourself in the shoes of the terminally ill or their family members. You, too, would be outraged if all your life plans were going to be permanently interrupted.

Depression may descend. There is no heartbreak worse than the certainty of permanent separation from those we love. While there are drugs for physical pain, there is, so far, no medicine to treat sorrow. The only way out of pain is through it.

Your behavior. In the face of grief, some of us cease to function. We don't go out. We don't shower. We live in sweatpants. Others jam their social calendars with endless appointments. We become forgetful, lose track of time or let a conversation drift mid-sentence. And we cry. Suddenly and without warning, we wail like a child in what feels like an inappropriate time or place. In the back of a taxi. In the grocery line. At the gym. This, too, is normal and expected.

Your mind. Just when we should be making the most of the present moment, memories can flood in and keep us stuck in the past. We may replay scenes over and over. We may try to blunt this playback loop with alcohol and drugs. These don't serve us well.

So what do the dying need from us? How can we help their spouse or child? What can we do to help ease the journey?

Listen. For those who think, "I don't know what to say," we suggest this: say nothing. Just show up. Or ask a question, about their lives, their memories. Let the dying tell their story, without judgment, without advice. Bear witness to that story.

Sit. The terminally ill will be grateful if you can be with them as they deal with death's approach. There is little or no need for words. Rather than help, visitors who try to cheer them up may hinder their emotional preparation to leave the world. A touch of the hand, a stroke of the hair or just silently sitting together will suffice. The dying must find the strength to say goodbye to all they have known and loved. Those witnessing the end of a life must find the strength to survive the pain of losing a dear one.

Hope. No matter where we are on the final journey, there's always hope. Cultivate it, regardless of whether you think that hope is valid. "I hope your wish comes true" can be the kindest words you can offer someone.

Over time, what the dying and their families hope for can change. The first wish of the gravely ill is almost always an extension of life, followed by the hope of quiet days without pain or physical discomfort. We may hope our children will be all right. We may hope there is a heaven, and that we'll see our loved ones there. We may hope to feel peace with what is coming.

Support. If you and your loved ones haven't talked about wishes for medical treatment or hospice care at the end of life, now is the time. In order to ensure that the dying will have the life and death that they want, have the conversation. Document it. It will help your family honor you by honoring your wishes at that crucial time. They can only do that if they know what you want.

For more about having important conversations about life, death and grief, visit our website, www.hospicebythebay.org.
Or call us at 415.927.2273 if you would like grief support.

