Aspects of care can be helpful to them, the client, and the nursing staff. The family may be acting toward or caring for the client in a way that seems strange or even nontherapeutic to the nursing staff. Yet these measures or the approach may seem fine to the client because of the family pattern or ritual. It is not for you to judge or interfere unless what the family is doing is unsafe for the client’s welfare or is clearly annoying to the client. In turn, recognize when family members are fatigued or anxious and relieve them of responsibility at that point. Encourage the family to take time to rest and to meet needs adequately. A lounge or other place where the family can alternately rest and yet be near the client is helpful.

Show acceptance of grief. By helping the family members express their grief and by giving support to them, you are helping them to support the client. Prepare the family for sudden, worsening changes in the client’s condition or appearance to avoid shock and feelings of being overwhelmed. The Abstract for Evidence-Based Practice describes loss and grief reactions.

The crisis of death of the loved one may result in a life crisis for the surviving family members. The problems with changes in daily routines of living, living arrangements, leisure-time activities, role reversal and assuming additional responsibilities, communicating with other family members, or meeting financial obligations can seem overwhelming. The failure of relatives and friends to help or the insistence by relatives and friends on giving help that is not needed is equally problematic. Advice from others may add to rather than decrease the burdens. The fatigue that a long illness causes in a family member may remain for some time after the loved one’s death and may interfere with adaptive capacities. You can help by being a listener, exploring with the family ways in which to cope with their problems, and making referrals or encouraging them to seek other persons or agencies for help. Often your willingness to accept and share their feelings of loss and other concerns can be enough to help the family mobilize their strengths and energies to cope with remaining problems.

The most heartbreaking time for the family may be the time when the client is disengaging from life and from them. The family will need help to understand this process and recognize it as normal behavior. The dying person has found peace. His or her circle of interests has narrowed, and he or she wishes to be left alone and not disturbed by any news of the outside world. Behavior with others may be so withdrawn that he or she seems unreachable and uncooperative. He or she prefers short visits and is not likely to be in a talkative mood. The television set remains off. Communication is primarily nonverbal. This behavior can cause the family to feel rejected, unloved, and guilty about not doing enough. They should understand that their loved one can no longer hold onto former relationships as he or she accepts the inevitability of death. The family needs help in realizing that their silent presence can be a very real comfort and shows that he or she is loved and not forgotten. Concurrently, the family can learn that dying is not a horrible thing to be avoided.

This may be the time when the family insists on additional life-sustaining or heroic measures, although they will only prolong suffering. The nurse can listen to their desire to prolong life, explain the needs and what is happening to the patient, act as a mediator when various family members make contradictory statements, calm angry tempers, and start a rational discussion about what’s best for the patient. Having a meeting that includes family, nurse, pastoral care, the physician, members of an ethics committee, and other health care workers or significant others is useful. Keeping lines of communication open and maintaining a bond with the family, being nonjudgmental, and encouraging family contact with the patient are essential and challenging, even difficult at times (59, 70, 71, 77, 84, 111, 123, 125).

News of impending or actual death is best communicated to a family unit or group rather than to a lone individual to allow the people involved to give mutual support to each other. This should be done in privacy so they can express grief without the restraints imposed by public observation. Stay and comfort the person facing death, at least until a religious leader or other close friends can come.

Requests by an individual or family to see the dead person should not be denied on the grounds that it would be too upsetting. The person who needs a leave-taking to realize the reality of the situation will ask for it; those for whom it would be overwhelming will not request it.

Sometimes the survivor of an accident may ask about people who were with him or her at the time of the accident. The health