

# Decreased Level of Responsiveness During the Dying Process



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## **Increased Drowsiness or Sleeping**

The patient may spend an increasing amount of time sleeping and at times appear to be uncommunicative or unresponsive: he/she may be difficult to arouse. When a patient is drowsy and/or sleeping, he/she may be awakened and/or aroused with external stimuli. As the patient progresses to a comatose state, it becomes increasingly more difficult to arouse him/her with any external stimuli. When the patient is comatose, he/she usually cannot be aroused. As the dying process approaches, the patient may transition from sleeping many hours of the day to diminishing consciousness and then coma.

Caregivers may ask, "Can he/she hear us?" Assume that the patient can hear: hearing may be one of the last senses to be lost, and hearing may still be present even when the patient is semi-conscious. Family members and friends are instructed about the possibility that the patient can hear. The following guidelines are important for family members as well as hospice professionals when communicating with patients who may appear unresponsive:

- Do not speak in the patient's presence as if he/she were not there.
- When the patient's consciousness is diminishing, it is important to continue to speak to the patient as though he/she could physically respond.
- The patient should be spoken to during physical care and procedures.
- When visiting the patient or entering the room, the patient should be informed of that person's presence, who he/she is, and what he/she will be doing.

Simply being present is important for the non-responsive patient. Sitting quietly with patients, speaking softly to them, and gently touching them are tremendously comforting to patients who are actively dying: simple presence assures them that they are not alone in this final journey. Pain medications are continued even when the patient is non-responsive. A common question from family and professional caregivers is, "Why are we still giving pain medications? Is he/she in pain in this coma?" Family members and caregivers require education about the continuation of pain medication when the patient is non-responsive. Pain medications are not

withheld at this time – they may be adjusted or reduced but maintaining patient comfort is still the goal. When a patient is non-responsive, it is increasingly more difficult to assess the presence of pain. There are no guarantees that if the medication were discontinued, the patient would be comfortable. Discontinuing pain medications could result in withdrawal symptoms and an uncomfortable death.

