A WITH LOVE, ALWAYS RESOURCE

Caring for Someone Who Is Dying

For the ones who stay at the bedside

A longer, gentler guide for the season of caring for someone at the end of life: grieving while they are still here, carrying the exhaustion honestly, asking for help in words you can borrow, saying what matters while there is time, and finding your way through the quiet hours after they are gone.

BEFORE WE BEGIN

A Letter From With Love, Always

Dear friend,

I helped care for both of my parents at the end of their lives. I was twenty-nine when my mom died and thirty-five when my dad died, and in both seasons I learned what a strange double life caregiving is. You are making tea and answering messages and keeping track of appointments with one part of your mind, while another part of you already knows how this ends and is quietly breaking. You can laugh at something in the kitchen in the morning and cry in the car in the afternoon, and both of those moments are true. If that is the life you are living right now, I want you to know that nothing about it is a failure of love. It is what love looks like when it has to do hard, ordinary work for a long time.

That is what this guide is for. Not to tell you how to feel, and not to hand you a list of things you should be doing better. It is here to name what this season actually asks of a person, to offer practical ways to share the work before you are empty, to give you sentences you can borrow when asking for help feels impossible, and to sit with you through the vigil and the first quiet hours afterward. Take it in small pieces, and skip ahead to the part you need today. A guide you use for one page has still done its job.

With Love, Always offers peer support shaped by lived experience. This is companionship, not clinical counseling, and nothing here is a rule. For questions about comfort, care, and what to expect, your loved one's care team is the right source, and this guide will keep pointing you back to them. Take what helps, leave what does not, and know that someone who has kept watch at a bedside, and who knows how lonely those hours can feel, is rooting for you and for your loved one both.

PART ONE

Grieving Someone Who Is Still Here

Anticipatory Grief Has a Name for a Reason

There is a name for grieving before a death happens, and it is anticipatory grief. It means exactly what it sounds like: your heart begins to mourn losses that have not fully arrived yet. You may grieve the conversations that are already getting shorter, the strength that is already fading, the future plans you can feel quietly closing, and the ordinary days you know you will not get back. None of this waits politely for permission. It shows up while you are folding laundry, while you are driving home, while your loved one is still right there in the next room, able to be hugged. Having a name for it does not make it smaller. Nothing is wrong with you. You are loving someone inside a loss that has already begun, even though it has not finished.

It Does Not Mean You Have Given Up

Many caregivers carry a quiet shame about this grief, as if mourning early were a kind of betrayal. It is not. Grieving someone who is still here does not mean you have given up on them, stopped hoping for good days, or wished for an ending. You can sit beside your loved one and treasure an afternoon that feels almost normal, and feel grief rise in the same hour, because you know how precious and how temporary that afternoon is. Hope and grief are not opposites, and love does not require you to choose one feeling and banish the other. If anything, anticipatory grief is often a sign of how clearly you see what is at stake. You are not giving up. You are paying attention, and paying attention hurts.

The Losses Arrive in Layers

Long before the final loss, there are smaller ones, and each one deserves to be acknowledged rather than argued away. The person who once handled every bill may no longer be able to follow the paperwork. The cook may no longer be hungry for the meals that defined a family table. The storyteller may tire mid-sentence. You may grieve who your loved one was last year while caring, tenderly, for who they are today. Naming the smaller losses as they come keeps them from piling up unnamed until they feel unbearable all at once.

Guilt, Relief, and Other Feelings You Did Not Invite

Caregivers are often startled by the feelings that visit them. Irritation at a repeated question. A flash of longing for your old, easier life. A moment of relief when someone else takes over for an hour, followed instantly by guilt for feeling relieved. These feelings are common, they are human, and they are not a report card on your love. Love is measured in what you do over time, in showing up, in staying kind as often as you can, in repairing the moments when you were not. It is not measured by keeping your inner life perfectly pure. If a hard feeling arrives, try to let it pass through like weather instead of treating it as a verdict. You can feel relief and devotion in the same day.

PART TWO

The Exhaustion Nobody Sees

Caregiving Is Work, Even When It Is Love

It can be hard to call caregiving work, because the word can feel cold next to love. But naming it honestly protects you. This is physical work: lifting, helping, cleaning, cooking, driving, and staying alert for what is needed next. It is mental work: remembering schedules, watching for changes, coordinating with the care team, and holding a dozen small details that no one else is holding. And it is emotional work, done quietly, often with a calm face, at hours when the rest of the world is asleep. When you are tired in a way sleep alone does not seem to touch, that is not weakness. That is the predictable result of doing three kinds of work at once, for someone you love, with no clear end to the shift.

Sleep in Pieces Is Still a Cost

Many caregivers stop sleeping in whole nights long before the final days. You listen with one ear even in sleep. You are up to help, to check, to comfort, to simply confirm that everything is still all right, and then you try to fall back under before the next need comes. Broken sleep adds up quietly. It thins your patience, fogs your memory, and makes small problems feel enormous. If you notice yourself snapping at a question you would normally answer gently, check your exhaustion before you judge your character. Where it is possible, protect even one stretch of deeper sleep: a night when someone else is on watch, or a nap while a visitor sits in the room. Sleep is not a reward for finishing the work. In this season, sleep is part of the work, because a rested caregiver is a safer and kinder one.

Shifts and Rotations, Even Informal Ones

No one person can be awake, available, and attentive around the clock, and a household runs better when it stops pretending otherwise. A rotation does not need to be complicated to help. It can be as simple as agreeing who is on watch in the morning, who covers the afternoon so the main caregiver can rest or leave the house, and who takes the night. Write it down where everyone can see it, because a plan held in one tired person's head is a plan that will be forgotten or quietly dropped. Include small, real breaks inside each shift. And follow the care team's guidance for any hands on care tasks, asking them to show you how rather than guessing. A rotation is not a sign that one person's love is smaller. It is how a family makes love sustainable across weeks instead of days.

The Cost Nobody Sees

From the outside, caregiving can look like being home a lot. From the inside, it is a slow spending of almost everything: your time, your energy, your social life, your work hours, sometimes your income and your own health appointments, postponed again and again because there is always something more urgent in the other room. Friendships can thin, and your own body can start sending signals you do not have time to answer. It helps to say this plainly, at least to yourself: this season is costing you real things, and acknowledging the cost is not complaining and it is not disloyal. You cannot budget what you refuse to count. Once you count it honestly, you can start making small, deliberate choices about where the next bit of help, rest, or money needs to go, instead of simply running until you stop.

PART THREE

Asking for Help and Actually Accepting It

Why Asking Feels So Hard

If asking for help were easy, this section would not need to exist. Caregivers hesitate for honest reasons. You do not want to burden people who have their own lives. You cannot face explaining the whole situation to get one small task done. You have a particular way of doing things, and teaching someone else can feel like more work than doing it yourself. Sometimes the truth underneath is harder: accepting help means admitting this is really happening, and admitting how much of it there is. All of that is understandable. But the people who love you are watching you carry too much, and most would rather be handed a real job than stand by feeling helpless. A specific request is not a burden. Very often, it is a door you open for them.

Make the Job Small, Specific, and Scheduled

General offers produce general results. When someone says, "Let me know if you need anything," they usually mean it, and they also usually have no idea what would actually help. Your job, and it is a small one, is to translate. Instead of help in general, ask for one named task, on one named day, with a clear end. Sit with our loved one on Thursday from two to five so I can sleep. Bring dinner on Sunday, enough for leftovers, and leave it at the door if we are resting. Drive to the pharmacy on your way home from work this week. Stay overnight on Friday so I can get one full night of sleep. Small, specific, and scheduled requests get yeses, because the person can see the whole shape of what they are agreeing to. Keep a short written list of such jobs visible, so you are not inventing an answer while exhausted.

Words You Can Borrow: Asking a Sibling to Take a Shift

Asking family can be the hardest asking of all, because the history is long and the feelings are tender on every side. If you and a sibling are sharing a parent, a partner, or another loved one, a clear and kind request works better than waiting and hoping they notice. Say it before you are desperate, say what you need rather than what they have failed to do, and give the request a shape they can hold:

> *"I need to ask you for something specific, and I am asking because we are in this together. I have been on watch most nights this week, and I am running out of sleep. Could you take Saturday night and Sunday morning, so I can sleep through and come back steadier? If that weekend does not work, tell me which one does, and we will build the plan around it. I am not keeping score. I just cannot be the only name on the night shift."*

Words You Can Borrow: Accepting a Friend's Offer

The next time a friend says, "Please let me do something," believe that the kindest answer is a job, not a polite refusal. Refusals protect your pride and leave your friend helpless and you still overloaded. A specific yes protects everyone. Try answering while the offer is warm, and keep it simple:

> *"Thank you. I am going to take you up on that, because we really could use the help. What would help most this week is dinner on Wednesday, any time after five, in a dish we do not have to return. And if you have an hour on the weekend, sitting with them while I take a walk would mean I actually get out of the house. You do not have to do both. Either one is real help, and I am grateful."*

Words You Can Borrow: Telling the Care Team You Are at Your Limit

The care team cannot adjust a plan they do not know is failing. Caregivers sometimes hide their exhaustion from professionals, out of pride, or out of fear that honesty will be judged. In practice, an honest report is useful information for the team, and asking what support, respite, or additional guidance is available is a normal and responsible part of caregiving. You do not need to be in collapse to say it. Earlier is better, and plainer is kinder to everyone:

> *"I want to be honest with you about where I am. I am at my limit. I am not sleeping, I am making small mistakes I would not normally make, and I am worried I cannot keep doing this safely on my own. Can we talk about what help is available, what respite looks like, and what I should be doing differently? I love them, and I want to keep caring for them well. To do that, I need more support than I have right now."*

PART FOUR

Saying What Matters While There Is Time

The Gift of Not Waiting

One of the few mercies in this hard season is time that still exists. There is still time to say thank you for specific things. Still time to say I love you in a voice that can be answered. Still time to hear a story told by the only person who tells it that way, and to ask the question you have always meant to ask. None of this requires a perfect moment. Perfect moments are rare at a bedside, and waiting for one can quietly use up the time you have. Ordinary moments work beautifully: a hand held during a quiet afternoon, a sentence spoken while helping with a sweater, a few honest words before sleep. What matters is rarely the setting. It is that the words were said while both of you were still here to share them, and that neither of you had to wonder afterward whether the other knew.

Thank You, Said Specifically

A general thank you is kind. A specific thank you is unforgettable. Instead of only saying thanks for everything, try naming the things themselves: the sacrifices you now understand as an adult, the skill they taught you that you use every week, the way they showed up in a particular hard year, the small ordinary kindnesses that built your life. Specifics tell your loved one that their life registered in detail, that they were seen. If speaking it all at once feels like too much, spread it out. One true sentence a day is a whole conversation by the end of a week. You can also write it down, in a card or a short letter kept at the bedside, so they can return to your words on a hard night when you are asleep in the next room.

Stories Are a Form of Care

Ask for the stories, and offer yours. Ask how they met their oldest friend, what their first job paid, what their own parents were like at the kitchen table, what they are proudest of that nobody ever gave them credit for. If they have the energy, record a voice telling one or two, with permission, on any phone. A voice is a thing families treasure later. Share your stories too: what you remember from being small, the family legends as you heard them, the moments you have never told them shaped you. Storytelling at a bedside is not small talk to fill silence. It is how a person gathers up a life and hands it, deliberately, to the people who will carry it forward. Follow their energy, stop when they tire, and know that an unfinished story, told with love, is still a gift.

Unfinished Business, Handled Gently

Many families carry something unspoken into this season: an old argument, a long distance that never quite closed, an apology owed in one direction or the other. This guide will not tell you that everything must be resolved before a death. Some things cannot be, and forcing a reckoning at a bedside can burden the very person you hope to honor. But where a door is genuinely open, a gentle step through it can lift weight off both hearts. Keep it small and kind. An apology does not need a full trial of the past: I am sorry for my part, and I love you, is a complete sentence. Forgiveness cannot be demanded on a schedule. If your loved one does not want a conversation, let their no be respected. Presence itself, steady and ungrudging, sometimes says what a difficult conversation cannot.

When Words Will Not Come

Some caregivers reach the important moment and find their voice simply gone. That is not failure. It is a full heart and an exhausted body doing what they do. There are other languages. Sit where you can be seen. Hold a hand and stay through the squeeze. Read aloud from something they love. Play the music that has always belonged to them. Bring the photograph, the familiar blanket, the smell of the soap they have used for years. If you want words and cannot find your own, borrow simple ones and let them be enough:

> *"I am here. Thank you for everything you have given me. I love you, and I will carry that love with me for the rest of my life. You do not have to worry about me in this moment. Just rest, and let me sit with you."*

PART FIVE

Sitting Vigil in the Last Days

What a Vigil Really Is

A vigil is simply keeping company with your loved one in the last days and hours, so that they are not alone and neither are you. It is not a performance, and there is no correct way to do it that you could fail. Some vigils are quiet, with one person reading in a chair. Some are full rooms, with family rotating through and soft conversation nearby. All of them count. If you are unsure what the last days may involve or what comfort measures the care team recommends, ask them directly. That is what they are there for, and understanding what they have explained can ease the fear of the unknown, even when it cannot ease the sadness of it.

What to Do With Your Hands and Your Presence

New vigil keepers often ask the same anxious question: what am I supposed to do? The honest answer is that your presence is the main thing, and your hands can follow your heart. Hold a hand if that is welcome. Sit where your face can be seen when eyes open. Speak now and then, in your normal voice, saying who is here and that all is well in the room. Read, hum, or play familiar music quietly. Tend to small comforts only as the care team has guided you, and ask them when you are unsure rather than improvising. Between those moments, it is all right to simply sit, or doze in the chair. A vigil is not a test of constant devotion. It is a room where love is present, at human pace.

Taking Turns So Nobody Carries the Watch Alone

The wish to be there at the very end is powerful, and it drives caregivers to stay awake far past what a body can do. Hear this gently: nobody can promise to be present for a final moment, and a death that happens while you have stepped out to sleep is not a death you failed. It happens in loving families every day, sometimes, many believe, because the person waited for a quiet room. What you can do is share the watch. Set rotations like the shifts in Part Two, with named people and named hours, and let each person rest without guilt when their turn ends. Keep a simple notebook by the bed for the rotation: who was here, what the care team said, anything the next person should know. The notebook steadies everyone, and later, it often becomes a treasured record of how surrounded your loved one was.

PART SIX

Caring for Yourself Without Guilt

Stepping Out of the Room Is Not Leaving Them

Let us say this as plainly as it can be said: walking out of the room is not walking out on your loved one. Going home to shower, sleeping in a real bed, sitting in your car with a coffee and ten minutes of silence, taking a walk around the block while someone else sits the watch, all of these are part of care, not escapes from it. A caregiver who never leaves becomes a second patient, and then there are two people in need and no one well enough to help either of them. Your loved one is held by more than your physical presence in a chair. They are held by the whole pattern of your devotion across this season, and that pattern is not erased by a shower, a meal, or a night of sleep. Leave clearly, say when you will be back, and then actually rest while you are gone. You deserve the real kind.

Food, Air, and the Basics You Keep Postponing

In this season, basic care for yourself shrinks to a short list, and even that list keeps slipping. Eat real food at something like regular times, even if it is simple, even if someone else made it, especially if someone else made it. Drink water before you are desperate for it. Get outside once a day if you possibly can, even for ten minutes, because daylight and moving air do quiet work on a strained mind that indoor air cannot do. Keep your own essential appointments and medications in place, and tell the care team and your support people if your own health starts to slide. None of this is indulgence, and none of it needs to be earned by a harder day than the one you are already having.

One Person Who Is Caring for the Caregiver

Every caregiver needs at least one person whose job, informally and by agreement, is to look after them. Not the situation. Not your loved one. You. This is the person who asks how you slept and waits for the real answer, who brings food without being asked and notices when you have gone quiet, who can hear the ugly, honest version at midnight and not try to fix your feelings. If you have such a person, tell them plainly that this is the role they are playing, and let them play it. If you do not, consider who might be asked: a friend, a sibling who is not on the front line, a faith leader, a support group of other caregivers who understand without explanation. Being cared for is not a distraction from your devotion. It is one of the things that makes devotion survivable, and your loved ones, all of them, would want it for you.

PART SEVEN

The First Hours After They Die

The Strange Quiet

After a death you have been expecting, the first thing many people notice is the quiet. The watch is over. The listening with one ear, the checking, the waiting for the next need, all of it stops at once, and the silence where it used to be can feel enormous and unreal. You may feel numb, or oddly calm, or as if you are watching yourself from a small distance. You may cry immediately, or not for hours, or not that day at all. There is no correct first reaction, and a calm or numb response is not a measure of how much you loved them. Your body and heart have been braced for a long time, and they will set that brace down in their own way and their own time. Whatever the first hour feels like, it is a human response to an enormous moment.

Permission to Simply Sit

Before anything else, hear this: in most cases, there is no emergency in the first hour after a death. The machinery of calls and paperwork and arrangements will start soon enough, and it will run for days. It does not need to start in the first ten minutes. You are allowed to sit with your loved one. To hold a hand that is still warm. To say the words again, or to say nothing. To let family arrive and have their own unhurried minutes. Follow any guidance the care team has already given you about who needs to be notified and when, and let that guidance, not a sense of panic, set the pace. This pause is not procrastination. It is the last piece of the vigil, and many caregivers remember it later as one of the most peaceful and important hours of the whole season. Do not let urgency steal it from you.

Who to Call, and in What Order

When you are ready, the calls fall into a natural order. First, whoever the care team has told you to notify, so that the formal steps can be handled with their guidance. If a hospice or home care team was involved, that team is typically the first call, and they will walk you through what happens next. Second, your own inner circle: the one person who is caring for you, close family, and anyone who would want to come and be present before your loved one is moved. Third, when you have the steadiness for it, the wider circle, and here you are allowed to delegate. Ask one trusted person to be the messenger for extended family and friends, using words you approve, so that you are not telling the story fifteen times in your rawest hours. Keep a short list by the phone of who has been told. Your memory in these hours is carrying enough already.

What Comes Next Can Wait Its Turn

In the days after a death, there will be arrangements, decisions, and a surprising amount of administration, and almost none of it belongs in the first hours. If well meaning people begin pressing you for plans at the bedside, it is completely acceptable to say that you will decide tomorrow, or that the family will talk after everyone has slept. Eat something. Drink something warm. Let someone drive you. The caregiver's long shift does not end with a sprint into paperwork; it ends, if you let it, with rest and with being looked after for a change. Other guides in this library walk through the first days after a loss step by step, and they will be there when you are ready for them. For now, the only task that matters is the one in front of you: being a person who has loved someone all the way to the end of their life, and who is allowed, at last, to sit down.

YOUR TURN

My Plan for This Season of Care

Fill this in on a quiet day, or in small pieces across several days. Short answers count. This page is a support, not a test, and you are allowed to change any line of it as this season changes.

Who is on my team (names, and the shifts or hours each person will cover)

The help I will accept this week (one specific job, one named person, one day)

What I still want to say (a thank you, a story to ask for, words I do not want to leave unspoken)

What I want to remember about this time (a moment, a saying, a small ordinary thing I want to keep)

One way I will care for myself today (sleep, food, air, a walk, a call; small counts)

The person who is caring for me (and what I will let them do)

Who to call when the time comes (the care team, my inner circle, and who will help spread the word)

If you are ever in crisis, please reach out right away. You can call or text the **988 Suicide and Crisis Lifeline** at **988** anywhere in the United States, or reach the **Crisis Text Line** by texting **HOME** to **741741**. Both are free, confidential, and answered by people who are there to listen, day or night.

However this season unfolds, whether you were at the bedside for the final moment or resting when it came, whether every word got said or some are still living in your heart, you loved someone all the way through one of the hardest things a person can do. That is not a small thing, and neither are you. Be as gentle with yourself now as you have been with them. We will be here for what comes next.

With love, always