

**Murphy, B. (2007). *Guide to Caregiving in the Final Moments of Life*. TM Middleburg, VA: Brown Publishers.**

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Betsy Murphy is a family nurse practitioner and is certified as a hospice and palliative care nurse with 23 years of experience in hospice care. Most recently, Ms. Murphy has focused on providing education through publication and presentation on hospice care. Ms. Murphy self-published *Guide to Caregiving in the Final Moments of Life* to help caregivers recognize the signs of imminent death. Ms. Murphy suggests that it is through such awareness that caregivers can avoid denial, advocate for, and prepare with those facing the end-of-life.

This booklet begins with a review of the early signs of death and complications associated with the dying process. Early signs of impending death include poor appetite, weight loss, weakness, and dependency. This trend may not be reversed, since patients have a compromised immune system that increases one's risk for infection. The dying process can thus lead to pneumonia, sepsis, heart trouble, and organ failure. At the end of life, additional symptoms include fatigue, changes in breathing patterns, refusal of food and drink, chronic pain, confusion, incontinence, encopresis, and restlessness. This booklet concludes with a brief discussion of common reactions to the death of a loved one, as well as the role of hospice and palliative care.

Relative to social work values and ethics, awareness of such symptoms carries with it the responsibility of informing family members that the end is near. This information allows family members time to prepare, as well as determine if heroic measures such as the use of a feeding tube, kidney dialysis, ventilator, or hospitalization are appropriate at the end of life. One of the most helpful parts of this booklet includes caregiving tips for each symptom of the dying process. For example, lip balm may be applied to the patient's mouth to reduce cracking given dehydration. Soft foods are recommended, since they are easier to swallow when patients are too weak to chew. Rotating a patient in the bed with a draw sheet positioned under the patient can prevent skin breakdown. Massaging lotion on a patient's skin and just being present are identified as additional sources of comfort.

The text is written in such a way that any reader could comprehend the material. Hence, this material is best suited for the general education of family members and nonmedical

professionals involved in hospice and palliative care. However, editorial issues include repetition, inconsistent formatting, and limited focus in the text. For example, there is more information on the dying experience of the elderly with dementia than symptoms associated with other diseases, such as congestive heart failure (Levenson, McCarthy, Lynn, Davis, and Phillips, 2000) and populations, such as children (Morrow, 2009). There is also little reference to academic literature and other resources for follow-up, unlike a similar booklet produced by the National Institute on Aging (2008).

Some of the basic information included in Murphy's booklet can be found on the Internet through magazine and association publications as well as health education Web sites (see FMER, 2009; Hospice Patients Alliance, n.d.; Lamers, 2009; NIA, 2008). What makes this booklet distinct, though, is the collection of material in a form that makes it easy to distribute. The low cost of this item (\$5.00 per booklet) further makes this an affordable resource. The booklet also focuses on what caregivers can do in response to the symptoms of pending death, which can facilitate greater collaboration with health care professionals. Therefore, I would recommend *Guide to Caregiving in the Final Months of Life* for patient and practitioner education.

## References

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