

生命的終點

本資料主要涉及關於生命的終點及如何為其籌劃的資訊。

任何帶底線的詞語都在末尾的詞語清單中進行解釋。詞語清單還包括英語單詞的發音。

本資料單會告訴您家裡和提供臨終關懷的其他地方有甚麼人可以幫助您，並且為您解釋在生命的最後幾個星期應該會發生甚麼事情，其中也為您的親人朋友提供關於您過身後應做事情的資訊。您也可以閱讀這部分內容。

您可能會覺得這些資訊令您不開心。您可以請一位親人、好友或保健專業人士來陪您一起閱讀，這樣你們也可以一起討論當中的資訊。

若您對此資訊有任何疑問，請諮詢您正在接受治療的醫院的醫生或護士。

您也可於每日上午 8 時至晚上 8 時，致電麥克米倫癌症援助機構（Macmillan Cancer Support）免費熱線：**0808 808 00 00**。我們有口譯員，所以您可以使用中文與我們溝通。當您致電我們時，請以英文告訴我們您所需要的語言（說「釵尼斯」）。

欲參閱更多繁體中文癌症資訊，請瀏覽 macmillan.org.uk/translations

本資訊主要介紹：

- 您可能會有什麼感覺
- 提前計畫
- 在家裡
- 在醫院、臨終關懷機構或照護之家
- 與身邊人的關係
- 精神、宗教或教牧支持
- 生命的最後幾個星期
- 生命的最後幾天
- 接近死亡
- 過世之後
- 實用組織的詳細聯繫資訊
- 麥克米倫（Macmillan）如何給予協助
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- 更多繁體中文版資訊
- 參考文獻與致謝

您可能會有什麼感覺

當您獲知自己的生命即將結束時，可能會非常難過。即使知道自己的病情正在惡化，但想到命不久矣仍可能覺得難以相信。您可能會覺得這個世界不公平。您可能會感到傷心和沮喪。您可能不知道如何應付這些不同的感覺。您可能會擔心之後會發生的事情。

有些人會覺得將這些感覺說出來後有幫助，您可以找家人或朋友，或者您的醫生或護士傾訴。或者致電 **0808 808 00 00** 與麥克米倫的癌症援助專家談談。我們有提供口譯員。

提前計畫

在感覺良好的時候提前做計畫和充實度日會有幫助。您也許會想做計畫，與家人或朋友一起做些美好的事情，或者只想與他們共度時光。

在離世之前，您可能會考慮一些重要的事情。這些包括：

- 立遺囑
- 籌劃您的葬禮
- 籌劃在哪裡接受照護。

與家人和您的醫生或專科護士談談這些會有所幫助。

立遺囑

遺囑是一份法律文檔，其內容說明您希望在過世後將您的財產留給誰。遺囑還可以包括以下指示：

- 您希望由誰來照顧您的子女或任何在經濟上依賴您的人（受撫養人士）
- 任何您希望的具體葬禮安排。

立遺囑是一件很重要的事情。立遺囑的時候最好僱用一位律師協助您。他們會確保每個人都明白您想要怎樣處理各項事宜。如需幫助尋找律師，您可以聯絡律師公會（見本資訊後面的實用組織清單）。

您對於照護的願望

您可以與人談談您的願望和對您來說重要的事情。通常，最好用文檔來幫助籌劃並寫下您關於照護的願望。您可以寫下任何具體的願望，說明您在身體不適時，希望在何處得到何種照護。

您也可以寫下不希望未來對您進行哪些治療。這在英格蘭、威爾士和北愛爾蘭被稱為「提前拒絕治療的決定」，在蘇格蘭被稱為「預立醫療指示」。

您可能希望安排某個人在您身體不適時或您無法為自己做決定時幫您做決定。這稱為授權委託。

您的醫療團隊可以為您提供更詳細的相關資訊。

籌劃您的葬禮

您可能會想籌劃自己的葬禮。您可以考慮的方面：

- 您想要土葬還是火葬
- 您想要甚麼樣的儀式
- 您想播放甚麼歌曲
- 您是否想穿特定的衣服。

您也可與家人朋友一起談論這些計劃。他們可能會有些想法，來幫助他們與您道別。如有任何事情是想要在葬禮中舉行的話，您最好把它寫下，好讓其他人知道。

選擇離世的地方

選擇在哪裡離世通常取決於：

- 您的心願
- 家人和朋友能夠給予您的幫助
- 您的居住所在地能夠提供的服務
- 您的身體狀況。

您可以在不同的地方接受照護。

根據您自身的情況，您可以在以下地方接受照護：

- **在家裡**——由親密的家人或朋友照顧您。有不同的醫療專業人員可以為您和您的看護人員提供居家援助，幫助您管理症狀。
- **臨終關懷機構**——這是一個專門照顧身患絕症、生命垂危人士的地方。
- **在有照護服務的養老院或照護之家**——通常提供短期或長期照護。您的家庭醫生或醫療團隊可以向您解釋各類照護之家。
- **在醫院裡**——姑息性治療照護團隊可以幫助管理各種症狀並提供情感支持。

在家裡

若您在家接受照顧，可能需要額外的幫助。健康及社會照護專業人員可以幫助您：

您的家庭醫生

您在家時候，您的家庭醫生負責您的照護。遇到以下情況，他們可以說明您：

- 擔心您的症狀有任何改變
- 想談談未來和可能發生的事情
- 需要有關於在家照護或其他幫助的建議。

地區護士

地區護士會到府探望您。他們與家庭醫生密切合作，也經常與姑息性治療照護護士合作，幫助您和看護人員，好讓您可以留在家中。他們可以：

- 給您藥物和更換敷料
- 幫助您提高舒適度和安排設備（如有需要）
- 為您的親人或看護人員提供如何照顧您的建議
- 聯絡其他可提供幫助的人士，例如社工或專科護士
- 幫助您應對情緒。

姑息性治療照護團隊

姑息性治療照護團隊為生命接近終點的人提供照護。他們可以幫助緩解疼痛等症狀，還可以提供情感支持。他們也可以為臨終人士的家人和朋友提供援助。

瑪麗·居里護士

瑪麗·居里護士負責居家看護生命接近終點的人士。他們可以提供通宵照護和援助。這樣您的看護人員可以休息一下或睡一個好覺。

您的地區護士或家庭醫生可為您安排瑪麗·居里護士。

社工

社工可以幫助安排個人照護方面的工作，比如洗澡和更衣、家務和其他實際的工作。您或您的醫生或護士可以聯絡社工要求其幫忙。通常，您需要支付個人照護的費用，這基於您的財務狀況。不過，您可以申請額外的福利援助來幫助您獲得照護。

職業治療師

職業治療師可到您的家裡進行探訪，並可為您提供所需的設備。可能包括：

- 幫助您在家中移動的扶手
- 幫助您淋浴或盆浴的設備
- 輪椅。

您的護士或醫生可以為您安排上述任何服務，還會為您提供您所在地區的其他幫助。

在臨終關懷機構、醫院或照護之家

若您無法在家中接受照護，您還是可以獲得姑息性治療照護團隊的幫助和援助，無論您在哪裡接受照護。

- **社區姑息性治療照護團隊**設在社區。他們通常與臨終關懷機構合作，若您在照護之家，他們可以來探訪您。
- **臨終關懷機構的姑息性治療照護團隊**為住在該機構的人提供照護。他們也會去患者家中探訪患者。
- **醫院姑息性治療照護團隊**通常設在醫院。他們負責照護住院的人。

與身邊人的關係

您的伴侶、家人和朋友可以提供支持，讓您安心，幫助您應對發生的事情。不過，絕症有時會讓關係變得困難。有時相互談談您的感受會有幫助。或者，您可能會覺得向家庭醫生、社區護士或提供情感支持的組織傾訴更容易一些（見本資訊後面的有用組織清單）。您的家庭醫生可能會將您轉介給輔導員去談談您的感受。

精神、宗教或教牧支持

有些人可能會發現在將近生命的終點時，自己變得更注意宗教信仰或精神感受。即使您不確定自己的宗教信仰，與宗教領袖或顧問交談也會有幫助。他們也許能夠給您情感或精神上的撫慰，幫助您更加平靜地面對自己的處境。

臨終關懷機構通常為所有有信仰或沒有信仰的人提供精神支持。您可能更願意與沒有宗教信仰的人交談。人文關懷機構（**Humanist Care**，www.humanist.org.uk）有志願者可以提供非宗教的教牧支持。

生命的最後幾個星期

在生命的最後幾個星期，您可能會注意到以下一些變化。

情緒變化

在生命的最後幾個星期，感受到焦慮、恐慌或憤怒等不同的情緒很自然。

與您的家人或醫療團隊中的人談談會有幫助。有些人比較願意跟自己不認識的人交談，例如諮詢師。您的醫生或護士可為您安排。

有些人會變得悲傷和不願意與外界接觸。您可能不想談論正在發生的事情。減少交流和獨自思考也是一種在心裡上為離開做好準備的方式。

疲乏

體能下跌很正常。您可能需要幫助來做往常自己能做的事情。您可能在一天當中需要大量休息。您可以請別人協助您做比較費力的事情，例如洗澡和更衣。若吃飯使您感到疲乏，您可以試著少量多餐來替代正餐。

睡眠問題

有些人會覺得晚上睡不好覺。可能的原因很多。您可能感到焦慮或者您可能受到了症狀的困擾。有些藥物可能讓您睡不著。告訴您的醫生或護士您睡得不好。

您可以做一些事情來幫助自己入睡：

- 減少光亮和噪音，確保您的房間既不太熱也不太冷
- 若您的床墊不舒服，請教您的護士關於舒適床墊的建議
- 睡前喝一杯熱飲，但是要避免咖啡因和酒精
- 睡前至少一小時避免使用有螢幕的設備，例如智慧手機、平板電腦或電視
- 若您在晚間醒來，寫下您擔心的事情或需要做的事情
- 播放令人放鬆的 CD 或 DVD，或聽一些輕鬆的音樂。

若這些都不起作用，您的醫生或護士可能會提供其他建議，例如服用幫助睡眠的藥物。

疼痛

隨著病情越來越嚴重，許多人都擔心疼痛問題。若您感到疼痛的話，請告訴您的醫生或護士。如有需要，他們會給您止痛藥。

止痛藥有很多種。您的醫生或護士會判斷哪種對您比較好。

關於何時服用止痛藥，請務必遵循醫囑指示。大多數止痛藥在白天定期服用最為有效。

止痛藥通常分為片劑、液體藥物或貼在皮膚上的貼布。若無法吞嚥或感到不適，您還有其他方法可以止痛。您的護士或醫生可以告訴您當中的詳情。

止痛藥的副作用

強效的止痛藥可能會令您嗜睡、噁心和便秘。嗜睡一般在數天後便會停止。若感到噁心，抗暈藥可能會對您有幫助。噁心的情況通常會在幾天後逐漸好轉。便秘是常見的。大多數服用藥效強的止痛藥的人還需要服用瀉藥來幫助治療。您的醫生或護士可以告訴您當中的詳情。

減輕疼痛的其他方法

也許您還可以做一些其他的事情來幫助減輕疼痛：

- 使用提供給您的特殊設備。例如，您可以在椅子上使用減壓墊來幫助找到一個舒適的姿勢坐著或躺下
- 用一些方法令身體放鬆，例如深呼吸或冥想。
- 嘗試透過聽音樂或看電影來分散自己的注意力。

您的醫生或護士可以告訴您其他幫助減輕疼痛的方法。

感到噁心或產生嘔吐

您的疾病或使用的藥物可能會使您感到噁心或嘔吐。若有這些症狀的話，您的醫生或護士可以為您開一些抗暈藥。重要的是定期服用藥物以防繼續感到噁心。您可以服用片劑或液體形式的抗暈藥。若您覺得難以下嚥，可以用其他方法攝取，包括注射。您的醫生或護士可以告訴您當中的詳情。

若您感到噁心的話，下列方法會有所幫助：

- 喝點薑茶、薑汁啤酒或者吃些生薑餅乾
- 小口小口地喝碳酸飲料
- 用少吃多餐來替代正餐。
- 吃乾的食物，例如薄脆餅乾
- 吃一些溫熱或冰涼的食物，而非熱食
- 請別人為您準備點食物。

體重下降或喪失食慾

您的體重可能會下降，即使進食情況還不錯。這會令人感到沮喪。

嘗試少量多餐並隨身準備些零食。叫類固醇的藥物有時候可幫助您提高食慾。若對您有幫助的話，您的醫生可以為您開處方。

在這個階段，您的身體不需要那麼多的能量。在生命接近終點時，您的身體也很難消化食物。所以不要勉強自己吃，這會讓您感覺不舒服。您不再感到飢餓或不再享受食物，這可能會令您的家人和朋友感到焦慮或不安。告訴他們您想吃或想喝的東西。

便秘

許多人都有便秘的情況。這是因為他們少了四處走動，而且吃喝得更少了。藥效強的止痛藥等藥物也會導致便秘。若有這樣的問題，請告訴您的醫生或護士。他們可以給您瀉藥來幫助您。您要確保多喝水。若可以的話，試試高纖維飲食，包括水果和蔬菜、糙米、麵包和義大利麵。

感覺呼吸困難

呼吸困難可能令人感到害怕。若您喘不過氣來或突然變得比往常氣短，請告訴您的醫生或護士。有很多方法可以幫助緩解，這取決於導致呼吸困難的原因。

您的護士可以告訴您和照護者可幫助您呼吸的最佳坐姿或站姿。坐下來做一些事情，例如清洗和穿衣。若您感到呼吸困難，用風扇將空氣吹到臉上或坐在通風的窗邊。若需要在不起身的情况下和另一個房間的人交談，可以使用手機。如有需要的話，您的家庭醫生或護士會安排在家裡放置氧氣機。

您的醫生可能會給您藥物，以幫助您改善呼吸。您的護士或理療師可以教您放鬆的方法，幫助您減輕焦慮。若焦慮導致或加劇了呼吸困難，那麼減輕焦慮會改善您的呼吸。

口腔問題

您可能會覺得口乾，或者有口腔潰瘍或受到感染。有些藥物可能會令這些問題更糟糕。若您有口腔問題，請告訴您的護士或醫生，好讓他們來處理。

照顧好口腔很重要，有助於預防口腔問題。保持口腔清潔非常重要。每天用含氟的牙膏刷牙兩次。若口腔裡有任何位置感到疼痛，您可以使用柔軟的兒童牙刷。若您的醫生給了您漱口水，請按照相關指示使用。

遠離咖啡因、酒精或吸煙可改善情況，因為這些可令您的口腔情況更差。若口乾，可以嘗試喝一小口的湯力水或檸檬水、吸吮冰塊或咀嚼無糖口香糖。

面對較嚴重的症狀

您的症狀通常都會在家裡接受治療，但有時候需要前往臨終關懷機構或醫院進行治療。您的護士或醫生會就這方面與您交談。當您感覺好一點之後，您一般便可以回家。

生命的最後幾天

來到生命的最後幾天，大家都會有不同的經歷。任何人都很難預料到會發生的事情及準確的時間，或者事情變化的速度。通常您會漸漸變得非常衰弱，幾乎沒有力氣。您可能會：

- 覺得很難走動
- 從床移到椅子的時候需要幫助
- 一天的大部分或全部時間都需要待在床上
- 對身邊的事物失去興趣
- 睡得很多，醒著的時候也感覺嗜睡
- 感到迷惑，不確定自己是不是在做夢。

身體上的照顧

需要看護您的人提供更多的照顧。若家人在照顧您的時候需要幫助，您的護士可以作出安排。

若您口乾，地區護士可以向您的看護人員示範如何定期將其沾濕。他們也可以為您的嘴唇塗上潤唇膏，以防止皮膚過乾導致裂開。

照護者需要為您的皮膚塗上保濕，並定期改變您的姿勢。這有助於防止您的皮膚變得酸痛。護士可以告訴您的照護者，當您不能自己移動時，如何讓您舒服一點。

很多時候，您甚麼都不需要做。您可以安靜地躺著，親人或朋友可以和您坐在一起。讓他們知道您是想談話還是想有自己安靜的時間。但也請告訴他們您是否希望一直有人陪伴。這將幫助您的看護人員規劃對您的照護。

血栓的症狀

若您的症狀改變，您的醫生或護士可能會改變您的藥物。有時候，您的護士或醫生可能會停止一些藥物。或者若您出現了新的症狀，您可能需要新的藥物。

若您對於吞嚥片劑有問題的話，藥物也可以透過以下方法給到您：

- 透過注射
- 透過貼在皮膚上的貼布
- 透過連接到小泵的注射器

您可能會很難在晚上或週末獲得藥物。您的醫生或護士可能會為了以防萬一留下一些給您。這些是「以防萬一」藥物。當您有「以防萬一」藥物在家裡，您需要用到的時候，護士或醫生就可以馬上給您用上。

有些人會出現以下症狀。您可能不會發覺到這些症狀，因為您會覺得很睏。

呼吸變化

您的喉嚨或胸部可能會積聚一些液體。這可能會使您的呼吸聲較大，但它通常不會令您難受。您的護士可以幫助您停止液體積聚或給您藥物的幫助。

躁動不安

有些人會變得躁動不安。這可能有各種原因。您可以透過注射或注射泵獲得一些藥物來幫助放鬆和入睡。找一位親密的家庭成員在您身邊，或者一位宗教領袖與您坐下來談話和祈禱。

膀胱和腸道變化

您可能會無法控制自己的膀胱或腸道。這很自然。您的護士可為您帶來特別的床罩和墊子。他們也可以為您插尿管，幫您從體內直接導出小便。

有時尿液不能從膀胱排出，您也無法排尿。這會導致嚴重的肚痛（腹痛），您的肚子（腹部）會感覺非常硬並且有腫脹。若發生這種情況，您的看護人員需要立即聯繫您的醫生或護士，請他們緊急前來。他們可以將醫用導管置入膀胱來排出尿液，減輕您的疼痛。

若您的照護者對您的任何症狀表示擔心，他們應該聯絡您的家庭醫生或護士。

接近死亡

想到死亡可能會讓人非常恐懼。對將會發生的事感到擔心是正常的。在離世時有人陪在身邊會帶來安慰，但不是每個人都有能夠相陪的家人或朋友。您可能會想宗教或精神顧問陪伴您。將您的願望告訴您的照護者或親人，讓他們確保這個安排。

通常會發生的事情

對很多人來說，死亡是一件很平靜的事情。您通常會進入到深度睡眠的狀態，覺得越來越難醒過來。

通常您會逐漸完全失去意識。您可能不能醒過來，但仍然會聽到和知道人們在旁邊。有時您可能會醒過來，說幾句話，然後再次失去意識。

若您在家裡，那麼一週七天、全天 **24** 小時，您的看護人員都可以聯繫您的地區護士、專科護士或家庭醫生。

當您臨近死亡時，您的手腳和皮膚會變得冰冷。您的皮膚可能會對觸摸非常敏感。您的呼吸模式可能會改變。呼吸可能會變得不規律，每次呼吸的間隔變得越來越長。您不會意識到這些變化。對大多數人來說，生命的最後時刻非常平靜。最後，您的身體會完全放鬆，呼吸會完全停止。

過世之後

這部分內容是為您的親屬或照顧您的人而寫的，但您或許也想閱讀。

若您的家人或朋友在醫院或臨終關懷機構過世，照護人員就在近旁。他們會指導您在接下來的幾個小時需要做的事情。

若您願意的話，您可以在逝者身邊停留一些時間。許多人喜歡坐在逝者身邊說話或握著手。您也許希望有一位親屬或朋友在場支持您。放心做您感覺對的事情。

花些時間去做對您重要的任何傳統。在這個時候，找一位精神或宗教領袖陪伴您可能會有幫助。

家庭醫生會做的事情

若是在家裡離世的話，這是在預期之中，您需要在幾個小時內告訴其家庭醫生或社區護士。他們會盡快來家裡確認死亡。若您的家人或朋友在晚上或家庭醫生正常辦公時間以外的時間離世，您無需在此日早上之前聯繫醫生，除非是您希望盡快聯繫。

若來的是家庭醫生，他會給您一張死亡證書，這會確認死亡原因。他們也會給您一個叫「親屬通知書」的表格。該資料告訴您如何登記死亡（見下方）。

若護士或非辦公時間的醫生來到，他們可以確認死亡，但您可能需要在隔日向家庭醫生索取死亡證書。

殯儀館代表會做的事情

完成死亡確認之後，您可以聯繫殯儀館代表（殯葬承辦人）。他們全天 **24** 小時提供服務，可以告訴您下一步該怎麼做。殯儀館的詳細資訊可在您的本地電話簿或網上找到。您也可以從全國殯葬協會獲取資訊（<https://nafd.org.uk>）。

殯儀館代表會在您要求的時間到來。他們會照看您親屬或朋友的遺體。您可以告訴殯儀館代表您想他們怎樣做，或者是否有任何傳統儀式需要遵循。

若您或您的家人和朋友想和遺體單獨待一會兒，請告訴殯儀館代表。有些人希望在葬禮前在家照看家人或朋友的遺體。殯儀館代表可以在這方面幫助您。

或者您更希望他們將遺體送到殯儀館的安息小堂。殯儀館代表會詢問您是否想讓逝者穿任何特定的衣服，例如最喜歡的一套。若您想的話，您可以到安息小堂去看看遺體。

登記死亡

在舉行葬禮之前，您需要在當地的登錄辦事處先為離世的人登錄死亡。這必須在五天内完成（蘇格蘭為八天）。您可以在電話簿中找到當地的登錄辦事處的詳細資料，或者造訪網站 www.gov.uk/register-a-death。登錄辦事處的資料也可能會寫在裝著死亡證書的信封上。前往登記死亡之前，先打個電話給登錄辦事處，您可能需要提前預約。您也可以瀏覽 gov.uk/register-a-death 查詢更多的資料。

籌畫葬禮

您的親人或朋友可能已經告訴過您或者寫下了他們想要怎樣的葬禮。根據某些文化和宗教，在死亡後盡快舉行葬禮是很重要的。若是這樣的話，請告訴殯儀館代表。

殯儀館代表會幫您安排葬禮的事務。您也可以向宗教團體或靈性團體的領袖尋求幫助。若您的朋友或親人沒有留下任何關於他們的願望的資訊，殯儀館代表會教您該如何籌劃葬禮。

哀傷會帶給您的感覺

在與您親密的人離世後感到哀傷是正常的。您可能會感受到各種情緒，包括麻木、難以置信、憤怒或內疚。您可能會很想念那個人或是感到很沮喪。雖然這些情感在開始時非常強烈，但之後會逐漸減少。

向家人或朋友訴說您的感受可能會有幫助。您也許更願意向不認識的人傾訴。您可以與一些組織中的人交談，例如慈善團體 **Cruse Bereavement Care**（見本資訊後面的實用組織清單）。您的家庭醫生可以提供援助，可以將您轉介給當地的喪親輔導員。很多人會覺得與輔導員談話很有幫助。

許多臨終關懷機構也為使用過其服務的人的家庭提供喪親援助，而有些即使您的家人或朋友沒有使用過他們的服務，也會提供援助。

若您有年幼的子女或未成年的子女，他們也會有許多不同的情緒。這些情緒可能會影響他們的行為。有許多組織可以幫助您為您的子女提供援助，其中包括 **Winston's Wish**（www.winstonswish.org）。有些臨終關懷機構與學校合作，也提供廣泛的援助。

實用組織的詳細聯繫資訊

為生命接近終點的人提供照護：

Marie Curie (瑪麗·居里)

電話：0800 090 2309 (週一至週五上午 8 時至下午 6 時；週六上午 11 時至下午 5 時)

電子郵件 supporter.relations@mariecurie.org.uk

www.mariecurie.org.uk

瑪麗·居里護士為生命接近終點的人士提供免費照護。他們可以在您家裡或臨終關懷機構照顧您，也可以在夜間提供照護。

輔導和情感援助：

British Association for Counselling and Psychotherapy (英國心理諮詢及心理治療協會)

電話 01455 883 300

電子郵件 bacp@bacp.co.uk

www.bacp.co.uk

您可以在網站上搜索輔導員，並閱讀有關治療及如何提供幫助的資訊。

為照護者提供援助：

Carers UK (英國照護者)

電話 (英格蘭、蘇格蘭、威爾士) 0808 808 7777

電話 (北愛爾蘭) 028 9043 9843

(週一和週二上午 10 時至下午 4 時)

電子郵件 advice@carersuk.org

www.carersuk.org

為全英國的照護者提供資訊和援助。他們可以為您提供聯絡您所在地區的照護者。

當有人離世時提供援助：

Cruse Bereavement Care (克魯斯喪親關懷)

電話：0808 808 1677 (週一及週五上午 9 時半至下午 5 時；週二至週四上午 9 時半至下午 8 時)

電子郵件：helpline@cruse.org.uk

www.cruse.org.uk

若您有親人離世，這些是可以為您提供援助的英國分支機構。您可以在 www.cruse.org.uk/cruse-areas-and-branches 找到您當地的分支機構

尋找律師：

The Law Society for England and Wales (英格蘭和威爾士律師公會)

電話 020 7242 1222

www.lawsociety.org.uk

推薦英格蘭和威爾士的律師，可提供律師的詳細資訊。

The Law Society of Scotland (蘇格蘭律師公會)

電話 0131 226 7411

www.lawscot.org.uk

推薦蘇格蘭的律師，可提供律師的詳細資訊。

The Law Society of Northern Ireland (北愛爾蘭律師公會)

電話 028 9023 1614

www.lawsoc-ni.org

推薦北愛爾蘭的律師，可提供律師的詳細資訊。

麥克米倫 (Macmillan) 如何給予協助

麥克米倫 (Macmillan) 致力於協助您和您的家人。您可通過下列方式獲得援助：

- **麥克米倫 (Macmillan) 援助熱線 (0808 808 00 00)**。我們有口譯員，所以您可以使用中文與我們溝通。您只需用英語告訴我們您希望使用何種語言即可。我們可以回答有關醫療的問題、提供有關資金援助的資訊或與您討論您的感受。熱線服務時間為每日上午 8 時至晚上 8 時。
- **麥克米倫 (Macmillan) 網站 (macmillan.org.uk)**。我們的網站提供許多有關癌症和癌症病患生活的英文資訊。欲瞭解其他語言的更多資訊，請瀏覽 macmillan.org.uk/translations
- **資訊與支持服務**。您可通過資訊與支持服務中心向癌症援助專家諮詢並獲得書面資訊。瀏覽 macmillan.org.uk/informationcentres 尋找離您最近的諮詢中心或致電我們。您的醫院可能設有資訊中心。
- **本地支持團體** – 您可以在支持團體中與其他受癌症影響的人交流。瀏覽 macmillan.org.uk/supportgroups 尋找離您最近的當地支持團體或致電我們。
- **麥克米倫 (Macmillan) 網路社群** – 您亦可以前往 macmillan.org.uk/community 與其他受癌症影響的人士交流。

辭彙表

詞語	英語	如何用英語說	意思
哀傷	Grief	格瑞夫	哀傷是您在有人離世時的感覺。每個人都會有不同的感覺。
安息小堂	Chapel of rest	抃咆·呢夫·瑞唉斯特	舉行葬禮之前放置遺體的地方。
便秘	Constipation	空斯提派席恩	排便（上廁所）困難或痛苦時。也可能排便沒有往常頻繁，或大便較硬，成塊狀。
殯儀館代表	Funeral director	弗由吶繞·迪瑞唉科特	安排計劃葬禮的人。他們也是在葬禮舉行前看管遺體及離世人士的家庭提供援助的人。
腸道	Bowel	巴喔奧	體內幫助您消化食物的長管道。
登錄辦事處	Register office	瑞唉吉斯特·噢非斯	記錄出生、婚姻和死亡的政府辦事處。
氟	Fluoride	弗落呢瑞啊哎德	大部份牙膏成份裡的天然礦物質。
律師	Solicitor	色里斯特	受過培訓，幫助人立遺囑的法律專業人士。
膀胱	Bladder	佈拉德	去廁所排泄之前，貯藏小便的體內器官。
心理輔導師	Counsellor	康瑟勒	受過訓練，幫助人們處理情緒或個人問題的專業人士。
醫用導管	Catheter	坎席特	從您小便的出口出來的一根塑膠細管，放置在那兒可以讓您不用起身去洗手間就能小便。

更多繁體中文版資訊

我們提供更多有關下列主題的繁體中文資訊：

癌症類型	應對癌症
<ul style="list-style-type: none">• 乳腺癌• 大腸癌• 肺癌• 前列腺癌	<ul style="list-style-type: none">• 若您被診斷患有癌症 – 快速指南• 飲食問題與癌症• 生命的終點• 經濟援助 – 福利救濟金• 經濟援助 – 財務協助• 健康飲食• 疲憊（疲勞）與癌症• 癌症治療的副作用• 您可以做些什麼來幫助自己
治療 <ul style="list-style-type: none">• 化療• 放療• 手術治療	

欲查看該資訊，請前往 [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

以中文與我們溝通

您可以撥打麥克米倫（Macmillan）免費電話 **0808 808 00 00** 通過口譯員以中文與我們交談。您可以同我們討論您的憂慮和醫療問題。當您致電我們時，只需用英語說出「中文」即可（請說出「釵尼斯」）。

熱線服務時間為每日上午 8 時至晚上 8 時。

參考文獻與致謝

本資訊由麥克米倫癌症援助機構（Macmillan Cancer Support）癌症資訊開發團隊編寫和編輯。由翻譯公司提供繁體中文的翻譯版本。

本資訊以麥克米倫宣傳冊《生命的終點》為基礎編制而成。我們可以將副本發送給您，但完整手冊只有英語版本。

本資訊已獲劍橋大學副講師、《姑息醫學雜誌》名譽顧問、高級醫學編輯 Sara Booth 博士和

《姑息性醫療雜誌》（Palliative Care）顧問 Viv Lucas 博士的批准。

同時感謝審閱本資訊的癌症患者。

我們所有的資料都依據可獲得的最佳證據。關於我們所用資源的更多資訊，請通過 cancerinformationteam@macmillan.org.uk 聯絡我們。

我們希望這些資訊對您有幫助。若您有任何疑問，我們可使用中文在電話中提供資訊和支持。我們的服務是免費的。您只需致電：0808 808 00 00（每日上午 8 時至晚上 8 時），並以英語說出您選定的語言。

MAC14363 _Traditional Chinese



內容審閱日期：2019 年 11 月

下次計劃審核時間：2022 年 11 月

我們盡最大努力確保我們提供的資訊準確無誤，但其並不能反映最新的醫學研究情況，因為這是不斷變化的。若您擔心您的健康狀況，則應諮詢您的醫生。麥克米倫（Macmillan）對由於此資訊或第三方資訊（如我們所連結到的網站上的資訊）的任何不準確所造成的任何損失或損害不承擔任何責任。

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MAC14363 _Traditional Chinese

End of life

This information is about what happens towards the end of life and how to plan for it.

Any words that are underlined are explained in the word list at the end. The word list also includes the pronunciation of the words in English.

This fact sheet tells you about who can help care for you at home and in other places where you may receive end of life care. It explains what to expect in the last few weeks of life. It also has information for your relatives and close friends about what to do after your death. You may want to read this section too.

You may find some of this information upsetting to read. You may want to ask a close relative, friend or health professional to read it as well, so you can discuss the information together.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need (say "xxxxx").

There is more cancer information in [LANGUAGE] at **macmillan.org.uk/translations**

This information is about:

- How you may feel
- Planning ahead
- At home
- In a hospital, hospice or care home
- Relationships with people close to you
- Spiritual, religious or pastoral support
- The last few weeks of life
- The last few days of life
- Nearing death
- After death
- Contact details of useful organisations
- How Macmillan can help you
- Word list
- More information in [language]
- References and thanks

How you may feel

Finding out that you may be nearing the end of your life can be very difficult. You might find it hard to believe, even if you know your illness is getting worse. You may feel it is unfair. You may be tearful and sad. You may not know how to cope with these different feelings. And you may worry about what will happen next.

Some people find it helpful to talk about how they are feeling. You could talk to family or friends, or your doctor or nurse. Or you can speak to one of Macmillan's cancer support specialists on **0808 808 00 00**. We have interpreters.

Planning ahead

It can be helpful to plan ahead and make the most of the days when you feel well. You may want to plan to do some nice things with your family and friends, or just spend time with them.

There are some important things you may want to think about before you die. These include:

- making a will
- planning your funeral
- planning where you will be cared for.

It may be helpful to talk about these with your family and your doctor or specialist nurse.

Writing a will

A will is a legal document that gives instructions about who you want to give your money and belongings to when you die. It may also include instructions about:

- who you would like to look after your children or anyone who is financially dependent on you (dependants)
- any specific funeral arrangements you want.

It is important to write a will. It is usually best to use a solicitor when writing your will. They will make sure everyone understands what you want to happen. If you need help finding a solicitor, you can contact the Law Society (see the list of useful organisations later in this information).

Your wishes for your care

You can talk to people about your wishes and what matters to you. It is usually better to use a document to help plan and write down your wishes for your care. You can write down any specific wishes about how and where you would prefer to be cared for if you become unwell.

You can also write down your wishes about any treatments you do not want to have in the future. This is called an 'Advance decision to refuse treatment' in England, Wales and Northern Ireland and an 'Advance directive' in Scotland.

You may want to arrange for someone to help make decisions for you if you are unwell or if you are unable to make decisions for yourself. This is called giving someone power of attorney.

Your healthcare team can tell you more about these.

Planning your funeral

You may want to plan your funeral. You can think about:

- whether you want a burial or cremation
- what type of service you want
- what songs you would like
- if there are specific clothes you want to wear.

You may want to talk to your family or friends about these plans. They may also have ideas that will help them say goodbye. If there are things that you want to happen at your funeral, write them down, so people know.

Choosing where to die

The choice of where you will die often depends on:

- what you would like
- what help you have from family and friends
- the services available where you live
- your medical condition.

You can be cared for in different places.

Depending on your situation, you may be cared for:

- **at home** – with close family members or friends to look after you. There are different healthcare professionals that can support you and your carers at home and help you manage any symptoms.
- **in a hospice** – which is a place that specialises in caring for people who have a terminal illness and may be close to the end of their life.

- **in a residential home or care home with nursing** – that usually offer short-stay or long-stay care. Your GP or healthcare team can explain the different types of care homes.
- **in a hospital** – which has palliative care teams that can help manage any symptoms and provide emotional support.

At home

You may need extra help if you are being looked after at home. There are health and social care professionals who can help you:

Your GP

While you are at home, your GP is responsible for your care. They can help if you:

- are worried about any changes in your symptoms
- want to talk about the future and what may happen
- need advice about getting nursing care or other help in the home.

District nurses

District nurses will visit you at home. They work closely with GPs and often work with palliative care nurses to help support you and your carers so you can stay at home. They can:

- give you medicines and change dressings
- help make you more comfortable and arrange equipment if needed
- give your relatives or carers advice on looking after you
- contact other people who can help, like social workers or specialist nurses
- help you cope with your feelings.

Palliative care teams

Palliative care teams provide care for people who are close to the end of their life. They can help with symptoms, including pain, and can provide emotional support. They can also provide support for the person's family and friends.

Marie Curie Nurses

Marie Curie Nurses care for people at home who are nearing the end of their life. They can provide nursing care and support overnight. This allows your carers to have a break or get a good night's sleep.

Your district nurse or GP can arrange a Marie Curie Nurse for you.

Social workers

Social workers can arrange help with personal care, such as washing and dressing, housework and other practical tasks. You, or your doctor or nurse, can contact a social worker to ask for this help. You usually have to pay towards the cost of personal care, depending on your financial situation. But you may be able to claim extra financial benefits to help you get care.

Occupational therapists

Occupational therapists can visit your home and may provide any equipment you need. This may be things like:

- rails to help you move around your home
- equipment to help you shower or bath
- a wheelchair.

Your nurse or doctor can arrange any of the services described above. They will also tell you about other help available in your area.

In a hospice, hospital or care home

If it is not possible for you be cared for at home, you can get help and support from a palliative care team, wherever you are being cared for.

- **Community palliative care teams** are based in the community. They often work with a hospice and can visit you if you are in a care home.
- **Hospice palliative care teams** care for people in the hospice. They can also visit people in their own homes.
- **Hospital palliative care teams** are usually based in a hospital. They care for people who are in hospital.

Relationships with people close to you

Your partner, family and friends can provide support and reassurance to help you cope with what is happening. However, terminal illness can sometimes make relationships difficult. It can sometimes help to talk to each other about how you feel. Or you may find it easier to talk to your GP, community nurse, or an organisation that offers emotional support (see the list of useful organisations later in this information). Your GP may refer you to a counsellor to talk about how you are feeling.

Spiritual, religious or pastoral support

Some people may find they become more aware of religious beliefs or spiritual feelings towards the end of life. Even if you are not sure about what you believe, it may be helpful to talk to a religious leader or advisor. They may be able to offer you emotional or spiritual comfort and help you to feel more at peace with your situation.

Hospices usually provide spiritual support to people of all faiths or no faith. You may prefer to talk to someone who is not religious. Humanist Care (www.humanist.org.uk) has volunteers who can provide non-religious pastoral support.

The last few weeks of life

During the last few weeks of life, you may notice some of the following changes.

Emotional changes

It is natural to feel different emotions, including anxiety, panic or anger in the last few weeks of your life.

Talking to your family or someone in your healthcare team may help. Some people prefer to talk to a person they don't know, such as a counsellor. Your doctor or nurse can arrange this for you.

Some people become sad and withdrawn. You may not want to talk about what is happening. Communicating less and spending time thinking can be a way of mentally preparing to die.

Tiredness

It is normal to have less energy. You may need help to do things you usually do for yourself. You may find you need to rest a lot during the day. Ask for help with things that are tiring, like washing and dressing. If you find eating tiring, try eating small amounts more often instead of eating meals.

Sleep problems

Some people find it hard to sleep well at night. There may be many reasons for this. You may be feeling anxious or you may have symptoms that are bothering you. Some medicines can keep you awake. Tell your doctor or nurse if you are not sleeping well.

There are things you can do to help you sleep:

- reduce light and noise and make sure your room is not too hot or cold
- if your mattress is uncomfortable ask your nurse for advice about a more comfortable one
- have a hot drink before going to bed but avoid caffeine and alcohol
- avoid using a device with a screen, such as a smartphone, tablet or TV for at least an hour before you go to bed
- if you wake up during the night, write down anything you are worried about or need to do
- use a relaxation CD or DVD, or listen to some relaxing music.

If these things don't help, your doctor or nurse may have other suggestions, such as medicines to help you sleep.

Pain

Many people are worried about pain as their illness gets worse. Tell your doctor or nurse if you have pain. They can help with this and give you painkillers if you need them.

There are many types of painkiller. Your doctor or nurse will decide which one is best for you.

Always follow your doctor's instructions on when to take painkillers. Most work best when they are taken at regular times during the day.

You usually have painkillers as tablets, liquid medicines, or patches stuck onto the skin. If you cannot swallow or are being sick, there are other ways you can have painkillers. Your nurse or doctor can tell you more.

Side effects from painkillers

Strong painkillers can cause drowsiness, sickness and constipation. Drowsiness usually stops after a few days. If you feel sick, you can have anti-sickness drugs to help. Sickness usually gets better in a few days. Constipation is common. Most people taking strong painkillers also need to take a medicine called a laxative to help with this. Your doctor or nurse can tell you more.

Other ways to reduce pain

There may be other things you can do to help reduce your pain:

- Use any special equipment you have been given. For example, you could use pressure-relieving cushions on chairs to help find a comfortable position to sit or lie in.
- Use relaxation techniques such as deep breathing or meditation.
- Try to distract yourself by listening to music or watching a film.

Your doctor or nurse can tell you about other ways to help reduce your pain.

Feeling sick or being sick

Your illness, or your medicines, may make you feel sick (nausea) or be sick (vomit). If this happens, your doctor or nurse can give you anti-sickness drugs to help. It is important to take the medicine regularly to prevent the sickness returning. You can have anti-sickness drugs as tablets or in liquid form. If you find it difficult to swallow, you can have them in a different way, including as an injection. Your doctor or nurse will tell you more about this.

If you feel sick, things that can help include:

- having ginger tea, ginger beer or ginger biscuits
- sipping fizzy drinks
- eating small amounts more often instead of eating meals
- eating dry foods, like crackers
- eating warm or cold food, rather than hot food
- asking someone else to prepare food for you.

Losing weight or losing your appetite

You may lose weight, even if you are eating well. This can be upsetting.

Try eating small amounts more often and have snacks nearby to eat. Medicines called steroids can sometimes help improve your appetite. Your doctor can prescribe these if they may help you.

Your body does not need as much energy at this stage. It is also difficult for your body to digest food as you near the end of your life. So do not force yourself to eat as this could make you feel unwell. Your family and friends might feel anxious or upset because you no longer feel hungry or enjoy food. Talk to them about what you would like to eat or drink.

Constipation

Many people get constipation. This is because they are not moving around and not eating and drinking as much. Medicines such as strong painkillers can also cause constipation. Tell your doctor or nurse if you have this problem. They can give you medicines called laxatives to help. Make sure you drink plenty of fluids. If you can, try to have a high fibre diet, with fruit and vegetables, brown rice, bread and pasta.

Feeling breathless

Breathlessness can be frightening. Tell your doctor or nurse if you are breathless or you suddenly become more breathless than usual. Different things may help depending on what is causing the breathlessness.

Your nurse can show you and your carers the best place for you to sit or stand to help with your breathing. Sit down to do jobs like washing and dressing. If you are feeling breathless, use a cool fan to blow air onto your face or sit by an open window. If you need to talk to someone in another room without getting up, you could use a mobile phone. Your GP or nurse can arrange for you to have oxygen at home if you need it.

Your doctor may give you medicines to help with your breathing. Your nurse or a physiotherapist can teach you ways to relax, so that you feel less anxious. If anxiety has caused the breathlessness or made it worse, then feeling less anxious can help with your breathing.

Mouth problems

You may have a dry mouth or get ulcers or an infection. Some medicines can make these problems worse. Tell your nurse or doctor if you have mouth problems so that they can treat them.

Looking after your mouth is important and can help prevent mouth problems. It helps to keep your mouth clean. Brush your teeth twice a day using a fluoride toothpaste. Use a soft children's toothbrush if your mouth is sore. If your doctor gave you a mouthwash, follow the instructions about how to use it.

It can help to avoid caffeine, alcohol or smoking, as these can make your mouth worse. If your mouth is dry, sip tonic water or lemonade, suck ice cubes or chew sugar-free gum.

Managing difficult symptoms

Your symptoms can often be treated at home. But sometimes you may need to have symptoms treated in a hospice or hospital. Your nurse or doctor will talk to you about this. Once you are feeling a bit better, you can usually go home again.

The last few days of life

People have different experiences in the last few days of life. It can be difficult to know exactly what will happen and when or how quickly things will change. Usually you will slowly become very weak and have little energy. You may:

- find it difficult to move around
- need help getting from your bed to a chair
- need to spend most or all of the day in bed
- lose interest in what is happening around you
- sleep a lot and feel drowsy when you are awake
- feel confused and unsure whether you are dreaming.

Physical care

You will need more care from those looking after you. If your family needs help to look after you, your nurse can arrange this.

If you have a dry mouth, a district nurse can show your carers how to regularly moisten your mouth. They can also put lip balm on your lips to stop them cracking.

Your carers will need to moisturise your skin and change your position regularly. This helps to stop your skin becoming sore. The nurses can show your carers how to make you comfortable when you cannot move yourself.

There may be a lot of time when you do not need to have anything done. You can lie quietly and your relatives or friends can sit with you. Let them know whether you would like to talk or have some time on your own. But also tell them if you would like someone to be with you all the time. It will help your carers in planning your care.

Symptoms

If your symptoms change, your doctor or nurse may change your medicines. Sometimes your nurse or doctor may stop some of your medicines. Or if you develop new symptoms, you may start a new medicine.

If you have problems swallowing tablets, medicines can also be given:

- by injection
- by patches stuck onto the skin
- by a syringe attached to a small pump.

It can sometimes be hard to get medicines quickly at night or at weekends. Your doctor or nurse may leave some with you in case you need them. These are called 'just in case' medicines. When you have 'just in case' medicines at home, a nurse or doctor can give them to you straight away if you need them.

Some people develop the symptoms below. You are unlikely to be aware of these symptoms, as you will be sleepy.

Breathing changes

Fluid can sometimes collect in your throat or chest. This may make your breathing loud but it will not usually cause you any distress. Your nurses can help to stop the fluid building up or give you medicines to help.

Restlessness

Some people become restless. This may be for different reasons. You can have medicines, through an injection or a syringe pump, to help you relax and sleep. Having a close family member with you can help, or a religious leader who can sit, talk or pray with you.

Bladder and bowel changes

You may not be able to control your bladder or bowel. This is natural. Your nurse can get you special bed covers and pads. They may put a tube into your bladder to drain away urine.

Sometimes urine cannot drain out of the bladder and you are not able to pass urine. This causes severe tummy pain (abdominal pain), and your tummy (abdomen) will feel very hard and bloated. If this happens, your carer needs to contact your doctor or nurse straight away and ask them to come urgently. They can put a catheter into the bladder to drain the urine and relieve the pain.

If your carers are worried about any of your symptoms, they should contact your GP or nurse

Nearing death

Thinking about dying can be very frightening. It is normal to worry about what will happen. It can be comforting to have someone with you as you die. Not everyone has family or friends who can do this. But you may want to have a religious or spiritual adviser with you. Tell your carers or relatives what you would like so they can make sure it happens.

What usually happens

For many people, dying is very peaceful. You will usually fall into a deep sleep where it gets harder and harder to wake up.

Usually you gradually become completely unconscious. You cannot be woken at all but may still be able to hear and be aware of the people around you. There might be times when you are awake and can talk, and then you become unconscious again.

If you are at home your carers can contact your district nurse, specialist nurse or GP 24 hours a day, 7 days a week.

As you near death, your hands, feet and skin feel very cold. Your skin may be very sensitive to touch. Your breathing pattern may change. It may become irregular, with longer and longer gaps between each breath. You will not be aware of these changes. For most people, the final moments of life are very peaceful. Finally, your body will completely relax and your breathing will stop.

After death

This section is written for your relatives or carers, but you may want to read it too.

If your family member or friend dies in a hospital or hospice, the nursing staff will be nearby. They will guide you through what needs to be done over the next few hours.

You can spend time with the person who has died if you want to. Many people like to sit and talk or hold hands. You may want to have a relative or friend there to support you. Do what you feel is right.

Take time to carry out any traditions that are important to you. It may also help to have a spiritual or religious leader with you at this time.

What the GP will do

If the person died at home and this was expected, you will need to tell their GP or community nurse within a few hours. They will come to the house as soon as possible, to confirm the death. If your family member or friend died during the night or outside your GP's usual working hours, you do not need to contact the doctor until the following morning, unless you want to.

If the GP comes, they will give you a death certificate. This confirms the cause of death. They will also give you a form called 'Notice to informant'. This tells you how to register the death (see below).

If a nurse or out-of-hours doctor comes, they will confirm the death. But you may need to get the death certificate from your GP the next day.

What the funeral director will do

Once the death has been confirmed, you can contact the funeral director (undertaker). They are available 24 hours a day. They can tell you what to do next. Details of funeral directors are in your local phone book or on the internet. You can also get information from the National Association of Funeral Directors (<https://nafd.org.uk>).

The funeral director will come as soon as you want them to. They will take care of your relative's or friend's body. You can tell the funeral director how you would like them to do this and if there are any traditions to follow.

Tell the funeral director if you or your family and friends would like to spend some time alone with the person's body. Some people wish to look after their family member or friend's body at home until the funeral. The funeral director can help you with this.

Or you may prefer for the body to be taken to the funeral director's chapel of rest. The funeral director will ask if you would like the person who has died to be dressed in any specific clothes, such as a favourite outfit. You can visit the chapel of rest to be with the body if you wish.

Registering the death

Before the funeral can happen, you need to register the death at your local register office. This must be done within five days (or eight days in Scotland). You can find details of your local register office in the phone book or by visiting the website www.gov.uk/register-a-death. They may also be written on the envelope containing the death certificate. Phone the register office before going to register the death. You may need to make an appointment. You can also visit gov.uk/register-a-death for more information.

Planning the funeral

Your relative or friend may have told you what they want for their funeral or written it down. In some cultures and religions, it is important to have the funeral soon after the death. Tell the funeral director if this needs to happen.

The funeral director will help you arrange the funeral. You can also get help from a religious or spiritual leader. If your friend or relative did not leave any information about their wishes, the funeral director will guide you through planning the funeral.

How grief might make you feel

Grief is normal after the death of someone close to you. You may feel different emotions, including numbness, disbelief, anger or guilt. You may feel a longing for the person or feel depressed. Although these feelings can be very strong at first, with time they slowly lessen.

Talking to family or friends about how you are feeling may help. But you might prefer to talk to someone you do not know. There are organisations that have people you can talk to, such as, Cruse Bereavement Care (see the list of useful organisations later in this information). Your GP can provide support and may be able put you in contact with a local bereavement counsellor. Many people find talking to a counsellor helpful.

Many hospices also provide bereavement support for the families of people who have used their services. Some may offer support even if your family member or friend did not use the hospice.

If you have young children or teenagers, they will also have many different emotions. These may affect their behaviour. There are many organisations that can help you support your children, including Winston's Wish (www.winstonswish.org). Some hospices work with schools and also offer a wide range of support.

Contact details of useful organisations

Care at the end of life:

Marie Curie

Telephone 0800 090 2309 (Monday to Friday, 8am to 6pm, Saturday, 11am to 5pm)

Email supporter.relations@mariecurie.org.uk

www.mariecurie.org.uk

Marie Curie nurses provide free care to people approaching the end of life. They can look after you at home or in a hospice. They can provide care at night too.

Counselling and emotional support:

British Association for Counselling and Psychotherapy

Telephone 01455 883 300

Email bacp@bacp.co.uk

www.bacp.co.uk

You can search for a counsellor on the website and read about therapy and how it can help.

Support for carers:

Carers UK

Telephone (England, Scotland, Wales) 0808 808 7777

Telephone (Northern Ireland) 028 9043 9843

(Mondays and Tuesdays 10am–4pm)

Email advice@carersuk.org

www.carersuk.org

Gives information and support to carers across the UK. They can put you in contact with support groups for carers in your area.

Support when someone dies:

Cruse Bereavement Care

Telephone 0808 808 1677 (Monday and Friday, 9.30am to 5pm, Tuesday to Thursday, 9.30am to 8pm)

Email: helpline@cruse.org.uk

www.cruse.org.uk

There are branches across the UK where you can get support if someone you love has died. You can find your local branch at **www.cruse.org.uk/cruse-areas-and-branches**

Finding a solicitor:

The Law Society for England and Wales

Telephone 020 7242 1222

www.lawsociety.org.uk

Represents solicitors in England and Wales and can provide details of solicitors.

The Law Society of Scotland

Telephone 0131 226 7411

www.lawscot.org.uk

Represents solicitors in Scotland and can provide details of solicitors.

The Law Society of Northern Ireland

Telephone 028 9023 1614

www.lawsoc-ni.org

Represents solicitors in Northern Ireland and can provide details of solicitors.

How Macmillan can help you

Macmillan is here to help you and your family. You can get support from:

- **The Macmillan Support Line (0808 808 00 00).** We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can answer medical questions, give you information about financial support, or talk to you about your feelings. The phone line is open 7 days a week, 8am to 8pm.
- **The Macmillan website (macmillan.org.uk).** Our site has lots of English information about cancer and living with cancer. There is more information in other languages at macmillan.org.uk/translations
- **Information and support services.** At an information and support service, you can talk to a cancer support specialist and get written information. Find your nearest centre at macmillan.org.uk/informationcentres or call us. Your hospital might have a centre.
- **Local support groups** – At a support group you can talk to other people affected by cancer. Find a group near you at macmillan.org.uk/supportgroups or call us.
- **Macmillan Online Community** – You can also talk to other people affected by cancer online at macmillan.org.uk/community

Word list

Word (target language)	In English	How to say in English (transliteration of English word)	Meaning
	Bladder		The organ in your body that stores urine until you go to the toilet.
	Bowel		A long tube inside your body that helps you digest food.
	Catheter		A thin plastic tube that comes out of the hole you pee (urinate) from. It is put there so you can pee without getting up to go to the toilet.
	Chapel of rest		The place where someone's body is kept before their funeral.
	Constipation		When you find it difficult or painful to poo. You might not be going as often as usual, or your poo might be hard and lumpy.
	Counsellor		A professional who is trained to help people cope with their emotions or personal problems.
	Fluoride		A natural mineral that is used in most toothpastes.
	Funeral director		A person who arranges funerals. They also look after the person's body before the funeral and provide support to the family.
	Grief		Grief is how you feel when someone dies. It is different for everyone.
	Register office		A local government building where births, marriages and

			deaths are recorded.
	Solicitor		A legal professional trained to help people write their will.

More information in [language]

We have information in [language] about these topics:

<p>Types of cancer</p> <ul style="list-style-type: none">• Breast cancer• Large bowel cancer• Lung cancer• Prostate cancer <p>Treatments</p> <ul style="list-style-type: none">• Chemotherapy• Radiotherapy• Surgery	<p>Coping with cancer</p> <ul style="list-style-type: none">• If you are diagnosed with cancer – a quick guide• Eating problems and cancer• End of life• Financial support – benefits• Financial support – help with costs• Healthy eating• Tiredness (fatigue) and cancer• Side effects of cancer treatment• What you can do to help yourself
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To see this information, go to [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

Speak to us in [language]

You can call Macmillan free on **0808 808 00 00** and speak to us in [language] through an interpreter. You can talk to us about your worries and medical questions. Just say [language] in English when you call (say “xxxxx”).

We are open 7 days a week, 8am to 8pm.

References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated into [language] by a translation company.

The information included is based on the Macmillan booklet **A guide for the end of life**. We can send you a copy, but the full booklet is only available in English.

This information has been approved by Senior Medical Editors Dr Sara Booth Associate Lecturer, University of Cambridge and Emeritus Consultant in Palliative Medicine; and Dr Viv Lucas, Consultant in Palliative Care.

Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

MAC14363 _Language



Content reviewed: November 2019

Next planned review: November 2022

We make every effort to ensure that the information we provide is accurate but it should not be relied upon to reflect the current state of medical research, which is constantly changing. If you are concerned about your health, you should consult your doctor. Macmillan cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third-party information such as information on websites to which we link.

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