

Table 24-3: Common Family Concerns for Family Members of Imminently Dying Patients

<b>Concern</b>	<b>Fact</b>
Dying will be painful.	Most pain can be controlled to a degree that the patient finds acceptable with noninvasive pain medications.
Everything possible must be done.	Some invasive treatments aimed at sustaining life, such as CPR, are painful and ineffective for imminently dying patients.
Do Not Resuscitate orders will mean that medical care will be limited in important ways.	DNR orders can actually allow medical staff and family to focus on issues that are more important for patients, including legacy-building and time for closure with important people.
More medical care will be available in the hospital than at home.	Spending one's last hours at home has a powerful importance for many patients, and most medical issues for dying patients can be handled at home. If complications arise, hospitalization or placement at a hospice facility may be possible.
End-of-life care with home hospice will mean losing contact with primary HIV clinicians.	Contact with important clinicians can still occur with phone calls. Home hospice is directed by the primary physician; it does not mean that they have to lose contact.