

Final witness



Photos by **CHANCEY BUSH**/The Daily Sentinel

Joe Doak, 96, visits with a patient at the HopeWest Care Center in Grand Junction. Joe is a HopeWest vigil volunteer, who sits at the bedside of dying patients when family cannot be there or needs respite. "The main thing is to tell them that they're not alone. They're not dying alone," he says. [View a video about Joe and the work vigil volunteers do at GJSentinel.com.](#)

Vigil volunteer brings compassion, comfort to the dying

By **ERIN MCINTYRE**
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When he gets the call, Joe Doak is sitting in his one-bedroom apartment.

He answers the phone and immediately knows what he will be doing the rest of the night.

After accepting the assignment, Joe makes some coffee. Normally, he drinks decaf, but not today. He got up early to volunteer at an elementary school this morning, and won't have time to nap in between. He'll need the full octane version to stay up until midnight.

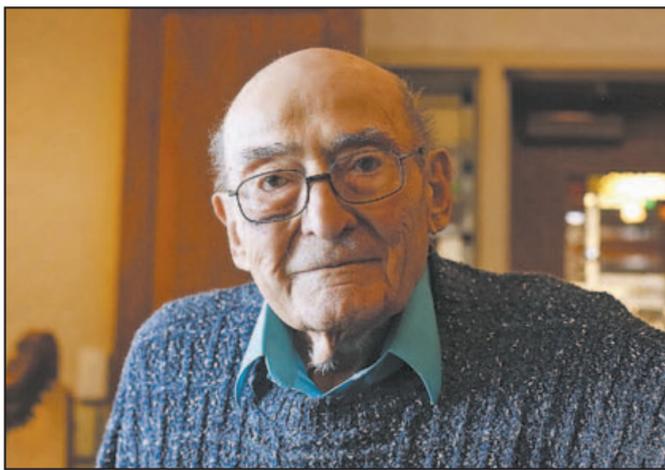
He gets ready to leave as his wife, whom he calls "wonderful Phyllis," gazes down from the photos on the walls, memories of vacations, their times raising their six children.

Just as he held Phyllis when she died and sat by her side for the last days and hours of her life, he's going to do the same again tonight.

He doesn't know this person. And yet he will be witness to one of the most personal things in that person's life — the end — if it happens during his shift.

HopeWest vigil volunteers such as Joe are trained to comfort patients, to be witnesses to their death, and to assure that no one dies alone. Whether they don't have family here, they've outlived their relatives, or family cannot be there for some reason doesn't matter, it's a vacancy Joe and his fellow volunteers are willing to fill for however long is necessary.

As one person dies, the lives of others go on, and it is comforting for both patients and their families to have a surrogate who cares at



"I strongly feel that to be loved and your ability to love are one's strongest achievements in life," says Joe Doak, a vigil volunteer for HopeWest. [View a video about Joe at GJSentinel.com.](#)

the bedside when the living require respite.

He'll simply be there by that patient's side, holding a hand to provide comfort. That simple touch, and talking in his soft, gentle voice will let them know he's there, even if their eyes are closed.

"We're the last connection with life, as their life is ebbing away," he said.

"The main thing is to tell them that they're not alone. They're not dying alone."

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Phyllis was sick for seven years before she died in 2011, and Joe was her main caregiver.

He installed a bathtub elevator lift so she could comfortably bathe in their Montrose home, something their friends marveled at and asked if they could try out, too, as it was a bit of a novelty.

He had an assisted living after it all got to be too much. She needed specialized care, and they had exhausted their savings trying to treat her diseases, and she started forgetting.

He had an elaborate routine when their adult children came to visit. He would show the front desk attendant a photo of their son or daughter before they arrived, ask-

ing the receptionist to call Phyllis' room when they walked in the door and let the phone ring twice before hanging up. It was his cue to ready her for that visitor.

While the visitor walked down the hall to her room, he would have just enough time to remind her who would be opening the door. After a visitor left, she always asked, "Who

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While at a patient's bedside, Joe Doak holds their hand and often sings a hymn.

Hospice program helps both the dying and the living

By **ERIN MCINTYRE**
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When Darius Shurden's mother, Dorothy, was dying in 2015, his life kept moving. He had his kids, work and other responsibilities that didn't pause.

The guilt of leaving her bedside at Mantey Heights Rehabilitation and Care Center to do something as simple as eat dinner or take a shower was difficult in her final weeks.

That's why he was relieved to have HopeWest hospice's vigil volunteer program to support his 80-year-old mother, and himself, at the end of her life.

When hospice staff told him about vigil volunteers and how they comfort patients with their calm bedside presence, assuring no one dies alone, he thought it would be nice to have some help. So he signed up for the program, which offered volunteers who each sat for four-hour shifts overnight.

On the third or fourth night the

volunteers came to sit vigil with his mom, Darius had his routine settled. He left to get dinner at home with his family, and returned to relieve the volunteer who was scheduled to stay until midnight.

But the night Joe Doak arrived at his mother's bedside, something else happened.

Shurden returned from dinner and a staff member told him he shouldn't miss out on the special person who was with his mother.

"She said, 'You have got to see the little man in your mom's room,'" he said.

Doak had been reading to Dorothy, holding her hand, singing to her and telling stories. When Shurden met Doak that night, he found not only a comforting person, but someone he calls a "special character."

"He was an inspiration to everyone there that met him," he said.

Instead of relieving Doak and sending him home, Shurden was so comforted by Doak's presence that he spent hours talking with him.

"When I arrived, he was there for me at that point," Shurden said. "We had a lot of conversation and a lot of life discussions."

They found they had friends and faith in common.

Dorothy died a few days later, in the afternoon, while Shurden was at her bedside, but having Doak

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COMFORT: Although he is 96 years old, Joe Doak rarely thinks of dying. He's too busy living

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was that?" All those years, he prayed for a cure for Alzheimer's and the other ailments. The hardest decision came later, when he prayed instead for God to take her.

After Phyllis died, Joe saw an advertisement asking for volunteers to help people who were dying. And he said to himself, "I have a little bit of experience doing that."

Usually the call from HopeWest hospice seeking a vigil volunteer sends him to a nursing home patient. Once there, he goes to the patient's bedside and will remain there for hours until another volunteer relieves him from the overnight watch.

Sometimes, the hospice patients he visits are awake and want to talk. They're further from death than others and their bodies haven't reached the point where they are shutting down, reserving energy for only the basics such as breathing and keeping the heart beating.

But other times, Joe arrives mere hours before death. Their eyes remain shut, their breathing irregular.

No matter. He knows they can hear him, and he tailors his conversation to meet the interests and beliefs they shared when they could communicate.

A piece of paper called a context sheet helps him do this. It is what Joe gets when he arrives to sit with a patient. It tells him important information, such as whether the patient identifies with a particular religion, some details about family or the patient in general.

Once he arrives, Joe scoots a chair over to the patient's bedside and takes their hand into his. Even the simple gesture of holding hands is something he does carefully, gently placing his hand underneath the patient's hand and holding it from below. This allows the patient to pull away if they don't want the contact instead of feeling trapped by the small weight of Joe's hand.

And then, if the patient indicated they have Christian beliefs, Joe has hymns he likes to sing, like this one:

*"Open my eyes, Lord
"Help me to see your face
"Help me to see
"Open my ears, Lord
"Help me to hear your words
"Help me to hear
"Help me to love, Lord
"Help me to love like you."*

Although the patient lies motionless and quiet except for the sound of breathing through the song, Joe knows he's heard. The signal comes in a tiny squeeze from the patient's hand to his, after he delivers the last lyric.



Joe Doak, 96, visits with a short-term care patient Gwen Huber at HopeWest Care Center in Grand Junction. After Joe's wife, Phyllis, died, he saw an advertisement for vigil volunteers for HopeWest and decided to sign up.



"My heart just jumps when they do that," he said. "I'm touched to the core."

He was prepared by HopeWest's training program to sit with patients of any denomination, and he has been waiting for a patient with Native American beliefs so he can talk about the Great Spirit and his connections with nature on long walks in the woods north of Gunnison, near Montrose, where he used to live.

He has never had a conscious patient turn down a prayer, no matter their beliefs, nor a song. "None of them complain about my terrible singing," he joked.

Joe is equipped with a variety of prayers he can use for different cultures and religions, and he tailors his vigil to the patient, not to his own beliefs. Sometimes patients arrive at

the end of their lives and they face the uncertainty of death with fear and worry. Those who are still communicative often ask Joe what it's like to die.

He tells them he doesn't know. He hasn't done it, yet. During his time as a vigil volunteer, Joe has witnessed three deaths. He's been there for many more who didn't die during his vigil, and the families of those patients, too.

The first vigil patient Joe sat with who died is someone he will never forget, although he doesn't remember her name. It was an afternoon call and he went in earlier than usual to sit with the woman, who was unconscious. He had been there only a few hours when she died.

That first time was harder than he anticipated. The quickness of it all rattled him. It was a Saturday evening by then,

and he left the nursing home shaky and upset.

"Right away, I wanted to be with live people," he said.

He went to his church, as Mass was just starting and he knew others would be there. He stood at the entrance to the church, shaking and holding onto a door to stay upright.

The priest came down the aisle between the pews, embracing Joe as he trembled and cried.

Sometimes sitting vigil with patients who are processing the fact that the end is near involves listening to their worries about dying.

One woman confessed to Joe that she had done something terrible, so terrible she didn't think anyone could ever forgive her.

He didn't ask her to elaborate. "I told her there's a loving God who forgives," he said. "And if she was truly sorry, then she would be forgiven."

The longest he has ever sat vigil for the same patient was two nights in a row. But it's not the length of time that is important.

For Joe, it doesn't matter if he spent an hour with a patient

Photos by CHANCEY BUSH/The Daily Sentinel

or came back a second night. He loved that person for the time he was there, and extended that love to the patient's family who needed to be elsewhere and gave them the gift of peace. "I strongly feel that to be loved and your ability to love are one's strongest achievements in life," he said.

Meeting people is Joe's favorite hobby. He loves hearing about everything they've accomplished during their lives, their challenges and successes.

He visited a patient recently, who told him stories about growing up in a rural town where her father was a doctor. They talked for hours and shared stories. "I wonder how long she lived," he said. "She was just so interesting. Even driving away that day, I thought, I wish I'd asked her this."

Real-life dying isn't like it is in the movies. It's not sudden. There are no last words followed by one's head nodding to the side and eyes closing. The end of life is accompanied by the sights and sounds of the body slowing down, signals

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that it is retreating to the core of itself. There are physical signs, such as unconsciousness and the purplish mottling of limbs as the body's circulation recedes to serve the heart.

But in the end, there's the breathing. It can be slow and shallow, or raspy and irregular, with long pauses that deceive, just before another hitched inhale.

Sometimes it's a gurgle, sometimes there's a wheeze. It all depends on how much the patient's throat muscles have relaxed. Everyone is different, but Joe uses the sound of breathing as a guide.

"I've been fooled a number of times," he said.

Just when he thinks someone has taken their last breath, after a long silence, there's another gasp. And so he keeps holding the person's hand. Keeps talking. Keeps singing. Keeps sitting there with the patient until there is no more breathing.

"When I think they've taken their last breath, I fold them in my arms, and as they take their last breath, I kiss them on the cheek and I send them off to God's eternal love," he said.

Then he calls a nurse to check the patient's vital signs, verifying the patient has, in fact, died. He calls the next vigil volunteer, the one who was supposed to relieve him at midnight for the second shift, to let him know not to come.

That's when Joe sits down again and cries. He's not sad. He's overwhelmed by the emotions that come with witnessing another person's last breath on Earth.

"In a short time, I made this connection with another human being," he said. "And that's vital. Whether they're communicative or not."

Although he is 96 years old, Joe rarely thinks of dying. He's too busy living.

But when considering the inevitable end of his own life, Joe thinks sometimes he would like to be surrounded by family and friends. Other times he thinks it might be nice to just die in his sleep, peacefully, in his apartment.

Either way, he doesn't really get too concerned about it.

"Whatever way the good Lord wants me to go, I'll go," he said.

He thinks sometimes about how he would like someone to be at his bedside, if he needed a volunteer like himself. In the end, he would want someone who made him feel safe and calm, just as he tries to do for others.

"I just hope that I've comforted and consoled them and given them hope," he said. He always keeps in mind what he believes and tells the patients who ask him what comes next.

"I tell them, the best is yet to come."

HOSPICE: Vigil volunteers available to be with patients who are actively dying, but it takes time

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and the other vigil volunteers there during the hours when he needed to take a break was an invaluable resource, he said.

Providing comfort and support is something that vigil volunteers do for the dying and the living, said Barb Hedges, care manager at the HopeWest Hospice Care Center. She has been a nurse for about 40 years and has spent nearly the past seven years at the care center, a facility for hospice patients who either need to have their pain levels stabilized or are in their last days of life.

"Because most of us have not seen a natural death before, we see what's on TV, we see what's on movies, and that generally doesn't depict a realistic picture," she said. "If folks have never seen someone die, it's a real eye-opener."

Vigil volunteers are available to be with patients who are actively dying, a process that takes time.

"Just like birthing and labor is a process, it's the other end of the spectrum," she said. "I think the most confusing thing for people is understanding how long that process takes."

Much depends on whether the patient's health declined suddenly, or if they had a chronic illness. When someone is actively dying, they're no longer eating or drinking, they're unresponsive, but they're still breathing.

Hedges and others in the hospice and palliative care field believe patients can still feel and hear others at this time.

"Their hearing is always the last thing to leave," she said.

Usually, requests for vigil volunteers come from the family of the patients, not the patients themselves. Knowing that someone can be present to comfort a dying family member alleviates some of the guilt associated with

leaving a loved one's bedside, Hedges said.

"It's not possible for people to be there, alert and present, for 24 hours a day," she said. "Somebody can sit there and take some of that guilt away, and they know they didn't die alone and that somebody was right there with them."

During her time at the care center, she's seen families taking shifts, sleeping overnight in the rooms, not taking breaks, consumed by the task of remaining at a bedside for fear



Joe Doak, a vigil volunteer, visits with a patient at the HopeWest Care Center in Grand Junction.

To watch a video about Joe, visit GJSentinel.com.

CHANCEY BUSH/
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their loved one will die alone.

"The families get exhausted," she said. "They're sitting here, day and night, trying to take turns, trying to take care of themselves, but they're not."

The waiting is hard, and no one can predict when someone will die, though the dying process includes some universal signs that patients go through on their own schedule, depending on the state of their bodies and minds at the end of their lives.

Circulation slows, patients lose their appetites, they eventually lose consciousness, and even after that, it can be days

before the pulse weakens, the heart stops and death occurs.

Often, patients can have what Hedges and other end-of-life professionals call a "rally day," where they suddenly feel better, want to eat and are communicative shortly before they die. It can be deceiving.

Vigil volunteers help bridge this gap, a time of waiting at the end of someone's life. They're trained to respect different cultures and religious beliefs, and also to provide comfort to patients. Even holding a patient's hand is a carefully prescribed act, requiring volunteers to place their hand

underneath so the patient can remove theirs easily if they don't want the contact.

Volunteers also are taught to not overstimulate patients by talking loudly and touching too much, which can overwhelm patients or even discourage them from letting go and dying.

HopeWest, a nonprofit organization that provides hospice and palliative care, currently has more than 60 volunteers trained to sit vigil with patients, and about 20 of them are regularly active. It's a service Hedges and others in the organization try to educate patients and families about,

as they have far more patients who could use the service. More than 1,200 HopeWest patients died last year, with the majority of those dying at their own homes, nursing homes and the care center.

It takes a certain kind of person to volunteer to witness death, to be present for the last moments of a stranger's life.

"I think that those volunteers are special," Hedges said. "Dying is a natural part of life, and people need to remember that, and so these special volunteers are able to understand that and honor that back to someone else."