

# From the Editor

I recently met a nurse, Melinda Mayorga, who shared with me her experiences as a nurse and as a daughter with those who are often the last responders at the time of a death. I invited Melinda to share her experiences with JHPN readers. I hope that this editorial will prompt all of us to thank those many last responders who are our colleagues in palliative care. —*Betty Ferrell*

## LAST RESPONDERS

While dropping off paperwork to the intensive care unit in the cancer center where I work, I overheard the nurses asking each other if anyone was available to sit with a patient who was about to be extubated at the end of life. I recall one nurse saying that there was no family in town and that maybe each nurse could step into the room, time permitting, to sit with the patient. Hearing these exchanges of somewhat urgent conversations, I offered to sit with the patient. I am an ambulatory oncology clinical nurse specialist who just happened to be in the unit to obtain a signature. Knowing the intensive care unit nurses had other critical patients to care for, I instantly knew I could help. This patient had a different kind of critical need—to not die alone.

Chi was a woman in her late 60s who had suffered a massive cerebral hemorrhage due to her critically low platelet count in the early hours that morning. A brain electroencephalogram showed no electrical activity which prompted telephone discussions with family members about a changed plan of care. Her husband was in the Northwest, her child was in Asia, and her caregiver was unavailable. I had no knowledge of these care discussions; all I knew was she was about to take her last breaths alone. I asked one of the nurses to tell me her diagnosis. I introduced myself to Chi and told her that I would stay with her for as long as she needed. I held her hand, softly hummed my favorite hymn, and told her that she was a grand woman. The respiratory therapist removed her breathing tube as I hummed. I never saw her take another breath, yet I did watch her heart rate gradually climb from the 60s to the 90s over the next 10 minutes. The erratic heart rhythm on the monitor surprised me as did the rapid escalation of her heart rate. When her nurse came in to check on her, I mentioned the heart rate. Could she be in pain? I asked the nurse to immediately administer any

PRN pain medications that were ordered. While the nurse was away, Chi's heart gradually slowed as I held her hand. We were together for 32 minutes, yet she will remain with me my entire life.

A couple of weeks later, I shared this experience with my brother George, a former funeral services associate. He said, "Mel, you and I are last responders. Everyone knows about first responders, yet no one knows or writes about last responders—we are there at the very end of someone's life."

Few research articles are found in the literature that provide definitions or descriptions of the work of last responders. Suwalowska<sup>1</sup> describes last responders as "invisible" or "backline" staff responsible for managing dead bodies by retrieval, storage, burial, and determining cause of death. Afifi et al,<sup>2</sup> states last responders constitute an occupational category that includes all those that are involved in the postmortem care of deceased persons and their families. Kibbi et al,<sup>3</sup> restates Afifi and colleagues' definition and includes a work definition for last responders stating the work is often considered "dirty work;" a category of jobs (cemetery workers) that are perceived to contaminate the workers who engage in them, causing a decrease in societal value or prestige and frequently leading to stigma.<sup>4</sup> These definitions may limit the sacred nature of this work and may exclude others who are last responders. My experience tells me that there is a broader definition, and so here is mine:

A last responder is a person, with or without specialized training, who is among the last to attend to or give care to a person who is actively dying, or who is deceased or who provides and supervises life's last rite of passage.

Some examples of last responders are (there are likely others):

- Search and rescue workers
- Firefighters, law enforcement
- Chaplains
- Forensic investigators
- Pathologists and their teams
- Armed services medics
- Funeral personnel such as funeral directors, embalmers, restorative cosmetologists, transporters



- Cemetery personnel
- Laboratory and tissue analytics personnel
- Nurses, physicians, and other health care personnel
- Vigil hospital volunteers
- A friend or a family member

Recently, my mother peacefully died in my home. As an oncology and former ER nurse, I knew what to expect for the care of a decedent. An identification tag would be tied to her toe, her body then placed into a zippered plastic body bag, and a final identification tag would be attached to the bag. Her body would then be transported to a local morgue to await pickup by a chosen funeral home.

In my mother's case, representatives from a contracted "care center" arrived promptly after she was pronounced dead. Two young adults, likely in their early 20s, dressed in black suits with white shirts and black ties, silently approached the room where my mother's body lay. Upon motioning them in, they explained they would "prepare" her body for transport. Very quietly and reverently, each representative stood at the head and the foot of her bed. They explained that they would use the bed sheet to wrap her and would then cover her before escorting her to an awaiting vehicle. This is the part that I knew would be painful for all of us in the room—to see her face covered, shielding us her now lifeless body. However, I am in awe of what we witnessed next. The fitted bed sheet was slowly twisted, creating a mummy-type sheath that quickly enwrapped Mom. It took less than 5 minutes, yet the respect shown by these two individuals while preparing my beloved mother's body was beautiful. We could see Mom's form, wrapped in her favorite sheet, like the queens and pharaohs of ancient Egypt. Mom's body was then covered with crimson velvet, the color of royalty, religion, and nobility—all words that accurately described Mom. It was unexpected yet fitting of the warrior queen Mom had been her entire life. We, her children, with these caregiver transporters, solemnly escorted Mom to the awaiting black sedan for her next disposition. There was nothing "invisible" or "dirty" about these workers or this process.

I never expected the wrapping and covering of my mom's body would be one of the most beautiful parts of her death care. As I write this, I remain proud of these young attendants. Proud that they exercised the kind of exquisite care of Mom that invited us in to easily witness and assist despite our shock and sadness. They provided a profound experience for our family and treated our beloved mother with honor and serenity. They were the last to provide loving care for her immediately after she transitioned from a woman of life. They, too, are the last responders.

To all those who are the last to respond to the end of life—bless you. Thank you for respecting death and the dead with your skills, your presence, and your guidance and structure during a chaotic time. You are to be honored with the same respect and awe that a first responder is given because you are the first to be at the end. You are not invisible, and your work is sacred. You provide a vital last touch to the one who cannot ask you, acknowledge you, or thank you. I see you because I am one of you.

**Melinda Mayorga, RN, MSN, AGCNS-BC, OCN**

Clinical Nurse Specialist, Adult Ambulatory Oncology Services,  
University of Southern California, Norris Comprehensive Cancer  
Center, Los Angeles

The author has no conflicts of interest to disclose.

## References

1. Suwalowska H. The invisible body work of 'last responders'—ethical and social issues faced by the pathologists in the global south. *Glob Public Health*. 2022;17(12):4183-4194. doi:<https://doi.org/10.1080/17441692.2022.2076896>.
2. Afifi RA, Calderon JL, Pham H, et al. Ignored and distressed: a cross-sectional study of the impact of COVID-19 on last responders. *BMC Public Health*. 2023;23(1):1637. doi:<https://doi.org/10.1186/s12889-023-16565-z>.
3. Kibbi R, Afifi RA, Pham H, Sewell DK, Teahen PP, Vander Weg MW. The "dirty work" of last responders: occupational stigma risk and protective factors. *J Occup Environ Hyg*. 2024;21(3):145-151. doi:<https://doi.org/10.1080/15459624.2024.2302481>.
4. Batista AS, Codo W. Dirty work and stigma: caretakers of death in cemeteries. *Rev Estud Soc*. 2018;1(63):72-83. doi:<https://doi.org/10.7440/res63.2018.06>.