

When a Parent Is Dying: Talking to Your Children

Because they already know something is wrong

They Already Know Something Is Wrong

When a parent is seriously ill or dying, the instinct to protect children from pain is overwhelming. Many parents believe that not telling children will spare them suffering. The research consistently shows the opposite.

A landmark review published in *Professional Psychology: Research and Practice* (PMC 2888143) found that children who are kept informed about a parent's terminal illness fare significantly better than those who are not. Even very young children sense that something is deeply wrong—they notice the hushed conversations, the tears, the changes in routine. When adults don't provide an explanation, children create their own, which are almost always worse than reality.

Research in the *Western Journal of Medicine* confirms that even preverbal children can tell from the distress of adults around them that something terrible has happened. Not telling a young child about the impending death of a parent 'only serves to prevent discussion of what is uppermost in everyone's minds, rather than protecting the child from pain, as intended.'

What Research Shows

- Children who are told the truth develop greater trust in surviving caregivers
- Uninformed children often blame themselves: 'Did I make Mommy sick?'
- Children who are included in the process show fewer long-term behavioral problems
- Measured, honest disclosure—given gradually and age-appropriately—produces the best outcomes
- Adolescents consistently report wanting to be 'kept in the loop' about a parent's condition

Age-Appropriate Ways to Explain Terminal Illness

Nationwide Children's Hospital and the American Academy of Pediatrics recommend using language that matches your child's developmental stage. The following guidance draws on their recommendations and the research of the NCTSN.

Toddlers and Preschoolers (Ages 2–5)

Young children understand through direct experience, not abstract explanation. Use simple, concrete language. Avoid euphemisms like 'going to sleep' or 'going away,' which can create confusion and fear.

Sample language:

"Mommy has a very bad sickness inside her body. The doctors are trying to help, but the sickness is very strong. Mommy might not be able to get better. But she loves you so, so much, and [caregiver] will always be here to take care of you."

School-Age Children (Ages 6–9)

Children at this age can understand basic medical concepts. They want facts and may ask detailed questions. Answer honestly. It is normal for them to cycle between grief and play.

Sample language:

"Dad has a kind of cancer that the doctors can't fix. They're doing everything they can to keep him comfortable and help him feel okay, but his body is getting weaker. This is not your fault—nothing you did or thought caused this. It's okay to feel sad, angry, scared, or all of those at once. I'm going to tell you the truth about what's happening, and you can ask me anything."

Preteens and Teenagers (Ages 10–18)

Research published in the Journal of Palliative Medicine (PMC 4012636) found that families who used 'measured telling'—thoughtfully considered, gradual, honest disclosure—had the best outcomes. Adolescents reported greater trust and satisfaction when parents shared information honestly rather than hiding it.

Sample language:

"I need to talk to you about something really hard. Mom's cancer has spread, and the doctors have told us that treatment isn't going to cure it. I wanted to be honest with you because you deserve to know what's happening. We're going to go through this together, and I want you to be able to ask me anything—even the hard questions. It's okay if you need time to process this."

Preparing Children for Physical Changes

As illness progresses, children will notice changes in the sick parent's appearance and abilities. Nationwide Children's Hospital emphasizes that preparing children for these changes reduces fear and prevents traumatic surprises.

- **Hair loss:** 'The medicine that's trying to fight the sickness also makes hair fall out. It might look different, but it's still Mom/Dad.'

- **Weight loss/swelling:** 'The sickness is changing how Dad's body looks. He might look thinner or puffier. That's the sickness, not anything he did.'
- **Fatigue and sleeping more:** 'Mom's body is working very hard, so she needs a lot of rest. She still loves seeing you, even if visits are shorter.'
- **Medical equipment:** 'That machine helps Dad breathe more easily. The tubes bring medicine and food into his body. You can still hold his hand.'
- **Confusion or personality changes:** 'Sometimes the sickness and medicine make it hard for Mom to think clearly. If she seems confused or says something strange, that's the sickness talking, not her.'

Allow children to decide their own level of involvement. Some children want to be present at the bedside; others prefer shorter visits. Nationwide Children's Hospital notes that letting the child set the tone for communication produces the most effective results.

The Last Days: What to Tell Children

When death is imminent, children need honest, gentle preparation. Research shows that children who are included in the final days—even briefly—often report that it helped them say goodbye and reduced lingering regret.

- Tell them that death is coming soon: 'The doctors think Daddy's body is going to stop working in the next few days. He's not in pain.'
- Describe what dying looks like: 'He might sleep most of the time. His breathing might sound different. His skin might feel cool. This is his body slowing down.'
- Give them a choice about being present: 'You can come sit with him if you want to, or you can stay with [trusted adult]. Either choice is okay.'
- Help them say goodbye in their own way: a drawing, a whispered message, holding a hand, reading a story aloud
- Reassure them about pain: Nationwide Children's Hospital recommends explaining that medicines control pain and that death itself is painless.

Important: Fear of Separation

A child's greatest fear is often not the parent's death itself, but being abandoned or left alone. Reassure them repeatedly: 'You will always be loved. [Caregiver] will always take care of you. You are not alone, and you will not be alone.' Address who will take them to school, tuck them in at night, and be there for daily routines.

Legacy Building Activities

Legacy building—creating tangible objects and memories—benefits both the dying parent and the children. Research in *Seminars in Oncology Nursing* (PMC 9683514) found that legacy activities including journals, handprints, and drawings provide emotional comfort for families following death. A study in *Palliative Medicine Reports* (PMC 8241333) found that legacy making helps families come to terms with mortality while creating lasting keepsakes.

Handprint art: Create family handprint artwork together. Press each family member's handprint onto the same page—a tangible record that everyone was here, together.

Letters for the future: The dying parent writes letters for milestones: first day of school, graduation, wedding day, becoming a parent. These become treasures.

Audio/video recordings: Record the parent reading favorite bedtime stories, singing songs, or simply saying 'I love you.' A child's memory of a parent's voice fades; recordings preserve it.

Memory box: Fill a box with meaningful objects: a favorite shirt, a recipe in their handwriting, a worn piece of jewelry, photos, a letter to each child.

Story recordings: Record the parent telling family stories, sharing advice, or describing the day each child was born. These narratives become part of the family's living history.

Art projects together: Paint, draw, or create something together. The process matters as much as the product. Frame and keep the result.

When the Parent Is the One Dying: A Personal Note

If you are the parent who is dying and you are reading this, we want to speak directly to you. What you are going through is among the hardest things a human being can face—not the dying itself, but leaving your children.

Research consistently shows that the things you do now matter enormously. Your children will carry the memory of this time for the rest of their lives. Here is what you can do:

- **Write letters.** For birthdays, milestones, or just because. They don't have to be long. 'I love you and I'm proud of you' is enough.
- **Record your voice.** Read their favorite books. Tell them stories. Sing the songs you sing at bedtime. Your voice is irreplaceable.
- **Make something together.** A painting, a recipe, a garden. The doing matters more than the result.

- **Tell them what you want them to know.** That you love them. That you're proud. That this is not their fault. That they will be okay.
- **Give permission.** Tell them it's okay to be happy. To laugh. To live a full life. Children often carry guilt about moving forward. Your explicit permission releases them.

Practical Legacy Ideas Requiring Minimal Energy

- Record a voice memo on your phone—even 30 seconds is priceless
- Write one sentence on a card for each future birthday
- Choose a 'comfort object' (blanket, shirt, stuffed animal) that carries your scent
- Ask a friend or family member to take photos of you and your child together now
- Write answers to: 'The thing I love most about you is...' for each child

Sources:

1. Sandler et al., Evidence-Based Practices for Parentally Bereaved Children (PMC 2888143): <https://pmc.ncbi.nlm.nih.gov/articles/PMC2888143/>
2. American Academy of Pediatrics / Nationwide Children's Hospital, Discussing Death with Children: <https://www.nationwidechildrens.org/conditions/health-library/discussing-death-with-children>
3. Nationwide Children's Hospital, A Child's Concept of Death: <https://www.nationwidechildrens.org/conditions/health-library/a-childs-concept-of-death>
4. Kennedy et al., Telling Adolescents a Parent Is Dying (PMC 4012636): <https://pmc.ncbi.nlm.nih.gov/articles/PMC4012636/>
5. Pyke-Grimm et al., Palliative and Hospice Care in Pediatric Oncology, Seminars in Oncology Nursing (PMC 9683514): <https://pmc.ncbi.nlm.nih.gov/articles/PMC9683514/>
6. Levy et al., Legacy Building in Pediatric End-of-Life Care (PMC 8241333): <https://pmc.ncbi.nlm.nih.gov/articles/PMC8241333/>