



**Based on the webinar with:**

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# DEALING WITH DEATH AS HEALTHCARE WORKERS

**Introduction**

A crucial and often overlooked issue in the medical field is grief and the loss of patients, and the profound impact that this can have

on healthcare professionals and the quality of patient care. Healthcare workers are trained to save lives, but it is a harsh reality that despite the best efforts, there is profound

sorrow to be found in the loss of a patient, and this sorrow needs to be confronted and addressed. Grief is a testament to the compassion and connection formed with patients

and their families. This is a complex aspect in the healthcare profession, as grief is multi-faceted and it may be difficult to cope with feelings of loss as healthcare workers.

What is a normal response when a patient dies?

There is no one normal reaction or response when a patient dies, and a whole range of different thoughts and feelings are quite expected, depending upon the circumstances of the death and a range of personal experiences. Some may feel apprehension about what end of life care will entail. Some healthcare workers may notice themselves thinking about past bereavements or personal experiences witnessed prior to the death, evoking difficult emotions that may have been felt before. Fears about one's own mortality are also common, as are anxieties regarding how long the end-of-life experience may go on for and how one may cope.

The death of a patient is likely to leave a healthcare worker with different feelings, from numbness and disconnection, through to sadness, worry and anxiety. Healthcare workers may also find it difficult to continually feel compassion when faced with death, and this does not mean they don't care. Numbness or lack of emotion is often due to exhaustion and is the mind's way of protecting individuals emotionally. It's important to be gentle with oneself, as there is no one set way to feel or not feel. Sometimes, the death may stay with a healthcare worker for a long while. All these reactions are normal, and often even common.

### **When a patient dies**

It's important to create a small amount of space within the busy working day to allow oneself to acknowledge the death, but there is no right or wrong way to acknowledge a death. It may be helpful to do something to mark any deaths within healthcare teams, such as a moment's silence together or some other ritual. It may also help to acknowledge aspects of that person's end of life care that went well.

Talking to others is also helpful. Reaching out for support from managers or immediate colleagues can be immensely helpful, to

assist in sharing experiences and the meaning-making behind it. Acknowledging any struggles is also a helpful engagement with others through social support, and even talking to friends and family and allowing opportunities to debrief.

### **Self-care in end-of-life care**

It's important for healthcare professionals to think about the topic of death and dying so that they don't feel underprepared or taken aback when this comes up. Considering one's own triggers or indicators that stress, or burnout is cropping up, is something to always keep in the back of one's mind to manage that appropriately and timeously. Sometimes, post-traumatic stress can even occur with healthcare professionals, and this is something to consider when normative stress reactions don't resolve for over a month and begin to impact daily functioning.

Some things one can do to self-care in end-of-life care is taking small breaks, maintaining routine to feel more in control, looking after basic needs, creating peer support networks for emotional concerns, using end of day team huddles to talk about the loss of patients, staying connected to loved ones outside of work, and trying to move one's body, even with short walks at the start or the end of the day. Of course, this list isn't exhaustive, and it is helpful for healthcare workers to work on their own care routine with time.

### **Managing trauma**

Sharing stories and experiences is crucial to enable one to start the natural process of assimilating the experience. Grounding or physical activity and breathing exercises and somatic experiencing can also assist in this. Facilitated debriefs are also useful within the healthcare environment, especially when experiencing complex or difficult deaths.

Self-compassion is a key tool in managing death in the healthcare environment. It's important to be thoughtful with oneself, engaging in positive self-talk and avoiding the critical voice by dealing with repetitive thoughts or using evidence-based techniques such as noticing feelings or looking for evidence of distorted thoughts to

combat self-blame or shame.

It's important to stay attuned to oneself and create spaces and rituals for self-care when noticing persistent negative feelings or changes within functioning that are, in any way, impacting any day-to-day capabilities.

### **What can we do differently?**

Dealing with patients' deaths can obviously have a massive mental health impact on healthcare workers. These experiences can run the full gamut of mental health difficulties. There are, however, opportunities to do things differently to circumvent this. This would require systems change with a range of interventions such as working on team cultures, debriefings offered by institutions, and education for healthcare professionals to be more informed with regards to their own mental health experiences or what to expect and competencies relating to death of patients.

Integration between disciplines is also hugely important when thinking about attitudes towards mental health and death and dying as well. This may include addressing mental health needs in cancer care, for example, or multidisciplinary teams working together to address the needs of healthcare workers, too.

In addition to debriefing, pre-briefing is also a useful tool for coping with the loss of patients. This involves anticipatory thinking, placing more of an emphasis on support before the event occurs. Preparation and priming are arguably just as important if not more important to overall learning. The more confident healthcare workers feel beforehand, the less adverse effects may follow. Pre-briefing involves considering different scenarios and goals, and then integrating these into the event thereafter.

Systems change involves exploring problems, such as difficulties in healthcare workers regarding death of patients, identifying problems, understanding them, and then creating systems that will lead to improved outcomes.

**References available on request.** 