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Delivering the Bad News: Dealing with Death in the Emergency Department

Explaining the unexpected death of a loved one to a family can be one of the most difficult tasks faced by an emergency physician. Learn some techniques to help you approach this delicate and important situation. This presentation will address the issue of death at all age spectrums and identify methods specific for the pediatric patient.

- Describe the normal grieving response and how it affects your interaction with a family.
- Identify the key issues for families who experience the death of their child in the emergency department.
- List specific methods to use to effectively and compassionately explain the death of a patient to family and friends.
- Discuss effective methods for dealing with issues such as organ donations and autopsies.

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FACULTY

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Though it be honest, it is never good
To bring bad news; give to a gracious message
A host of tongues, but let ill tidings tell
Themselves when they be felt.

-Shakespeare, *Antony and Cleopatra*

Definition of Bad News

Personal factors

- Any news the recipient does not want to hear
- A situation in which there is a sense of hopelessness
- An event which promotes an undesired change in lifestyle
- News that will result in a change in the person's physical or emotional health
- News that will reduce one's choices in life.
- The ultimate decision of whether news is bad rests with the recipient

Social factors

- Western cultures focus on youth and health and denial of death, especially in the young.
- The death of a child is the greatest stress most people could ever face. There is a profound, lasting effect on surviving and subsequent siblings.
- There is little exposure to death in our society.
- Medical miracles are common and expected.
- Fragmented families may be physically or emotionally distant from the deceased or from each other.
- There is decreased dependence on spiritual higher powers.

The Normal Grieving Process

Grieving allows family members to come to terms with the death of a loved one. It is a multi-step process that ends when the family member reconciles the death and moves forward with a newly defined way of life. On average, the process takes six to ten weeks, although it may last up to a year.

Kübler-Ross – Described a 5-stage process of grieving. Her model addresses grief in terminal illness, where death is protracted. "DABDA"

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Epperson - Devised an updated model for *acute* grief reactions, specifically addressing sudden death.

- High anxiety – Physical symptoms include agitation, ↑HR, ↑RR, nausea, diarrhea, presyncope.
- Denial – Emotionally protective phase to allow psyche to catch up with events.
- Anger – Can be directed at self, family member, deceased, heath care workers.
- Remorse – Guilt and sorrow. Feelings of inadequacy for not preventing tragedy.
- Grief – An overwhelming sadness that stands in the way of daily life.
- Reconciliation – The endpoint to the acute grief reaction. This marks the beginning of the acceptance phase.

Bargaining is absent in acute grief as the death is a *fait accompli*.
Each family member may progress through the stages at a different rate or may skip stages altogether.

Delivering the Bad News

Who?

- The doctor must deliver the news. This task cannot be delegated; otherwise the family will think that their loved one did not receive the highest level of care.
- A support person who can remain longer than the doctor should be present and serve as the contact. This can be a member of the clergy, a social worker, or a nurse. If you must leave the room, this person can remain to provide continuity of care.
- The tone set by the bearer of bad news has a significant impact on the long term grief response.
- Those in teaching hospitals should mentor a medical student or resident by taking them to observe. Most doctors have learned by trial and error as most training programs don't address this issue.

What?

- This is a necessary part of your job that you must do as competently as an endotracheal intubation.
- Review hospital protocols.
- Emotionally prepare yourself for this task. You must shift gears from a medical expert to an emotional support person. In your usual role you can rely on protocols, objectivity, and mechanical skills. This role requires interactive skills and sympathy.
- Be prepared about what you want to say. Review the events before meeting with the family. Learn the name of the deceased.
- Forgive yourself for your inability to be super-human.
- You have to give them unexpected news that is made more difficult because you don't have an established relationship with the family.

When?

In person

- Initiate contact upon the family member's arrival in the ED. Don't make them wait too long once they're in the room.
- If the resuscitation is ongoing, a student, intern, nurse, social worker can go in and establish rapport and set the stage for the serious nature of the events. They can ascertain the medical history.
- Some literature supports the presence of family members in the resuscitation area. Physician comfort with this idea is variable. In a study of British registrars, those with the least training said they would object to this practice while the most senior consultants were neutral or positive about the practice. It is best studied and accepted in the pediatric setting.

By telephone

- If possible, avoid giving bad news over the phone, especially if it is unexpected.
- Try to contact family while the patient is still alive so you won't be tempted to lie.
- Find out if there is someone else in the house to drive them to the hospital and lend support.
- Widows are especially susceptible to suicide following the news if left alone.
- Offer a thorough introduction over the phone. Be sensitive to time differences.
- It is acceptable to notify the next of kin by telephone if they live a great distance from your hospital.

Where?

- The notification should take place in a comfortable, private location that is of adequate size.
- Public areas such as the waiting room or hallways are not acceptable.
- Have personal amenities available – e.g. tissues, water, telephone
- No interruptions

Why?

- If bad news is delivered poorly, there will be no chance to make amends. Lack of communication is the most common cause of litigation.
- This allows family members to initiate the grieving process.
- The family will associate your delivery of the news with the hospital forever.

How?

- Wear a clean white coat that is free of blood stains, especially in a traumatic death.
- Enter the room and introduce yourself pleasantly and learn everyone's identity. Try to address the next of kin, not necessarily the person who seems to be paying the most attention. Give the *immediate* family the opportunity to receive the news in private.
- Tell both parents together so one does not have to be the bearer of bad news for the other
- Position yourself closest to the door in case there is an angry or armed family member.
- Sit down to imply that you have unlimited time.
- Be conscious of your body language. It may send a louder message than your words.
- A warning line may be helpful, "I'm afraid I have some bad news…" The family won't hear anything you say after the word "died." If you need any information, ask before you tell them the news. Deliver the news at the receiver's pace in terminology that is appropriate for them. This increases their sense of control and comprehension. Eye contact, limited touching, and offering a tissue or drink of water may be helpful.
- Summarize the events, in chronological order, starting with what they know from home. Reinforce that they did everything possible and properly. Tell how the paramedics brought him in and shocked him, gave drugs, immobilized him. Tell how much of an effort your team made – ACLS measures, surgical procedures, etc. "Despite the best efforts of the paramedics, nurses, doctors, and modern technology, I'm sorry, but your husband died." Add that the person did not suffer throughout the resuscitation process.
- Don't use euphemisms! ("Your husband has… passed away, gone to the great beyond, passed on, didn't make it…") It is important to use the word "**died**." Try to use the active voice "your husband has died…" rather than the passive voice, "your husband is dead."
- In general, it is not helpful for bearer of bad news to cry with the family. They expect you to be strong and supportive. If you feel you must cry, do so beforehand. If, despite your best efforts, it happens anyhow, just go with the flow.
- Do not say, "I know how you feel." They may ask you how you coped with your similar tragedy.
- Don't be afraid to say you're sorry that this has happened, especially in a pediatric death. (Do not accept blame in your apology.)
- Avoid hurtful remarks, such as: "You're young, you can have another child." "You should be thankful that you already have two healthy children." "Your mother is better off now, anyhow."

- Consider sending the family a summary document of events or schedule a follow up consultation.

Dealing with the Reactions of the Family

- The way a family reacts to the news depends on their emotional stability, cultural expectations, prior experience, and their relationship to the deceased. You can't make the family feel better but you can show a caring attitude.
- Let the family speak, then show them you've heard what they've said. Encourage them to share memories of the deceased with you or a member of your team. Be a good listener and a caring human being.
- Don't get into an argument with the family.
- Avoid squelching normal grief reactions – tranquilizers just postpone the initiation of the grieving process. However, if an emergent medical reaction occurs, the family member may need to become a "patient."
- Pediatric deaths are even more difficult than others. Parents always feel responsible for their child's death. Even if a family member is responsible for death, it is helpful to point out that they did not intend harm. It is important to allow parents to spend time with their deceased child. Encourage them to hold her. They may feel worried to leave the child in the room alone and unprotected. Reassure them that you will take care of their child.

Advice from Parents Whose Child Died in the Emergency Department

- "Just let us know you are sorry and that everything possible was done."
- "There's no easy way [to tell this news]. I wouldn't want the job."
- "Allow your humanity to show. Acknowledge the helpless feelings you may have. No matter what, be honest."
- "Who can prepare for the death of a child?"
- "Be honest. Say everything was done. Allow the parents to have time to spend enough with the baby afterwards."
- "Be direct."
- "Be tactful, kind, respectful."
- "This is the most devastating event in anyone's life. The staff just walked away and let the nurses and an old chaplain clean up my grief."
- "Explain you did everything you could and it's not the parents' fault."
- "Look the parents in the eyes."
- "Tell them not to be so cold and mean. Have passion for the parents."
- "Be compassionate, caring, and careful with the words you choose. I only wish other parents could have been treated as good as we were. Words never leave you."

Legal and Logistic Arrangements

- Call the deceased by name, not "the body" or "the baby."
- Offer each family member the opportunity to view the body – this gives closure. Warn them of the presence of tubes, disfigurements. Clean the patient, dress the wounds, clean up the blood on the patient and the floor. Close the patient's eyes, place the head on a pillow, and leave the hands accessible, especially wedding rings, jewelry. Do not place them into a body bag under the sheet.
- Offer the family a memento (e.g., a lock of hair), especially in the death of a child. Save it, even if they refuse that day, they may want it later.
- Offer to call a member of the clergy – either their own or the hospital cleric on call. Offer social services now, and written instructions for contacting them in the future.
- The family must call the funeral home.
- Coroner's case - mandatory for suspicious or violent causes of death, or in cases where the patient is not under the care of a physician or is recently post-op. The coroner's office decides if they want to do an autopsy. In many states, you need to leave the body and resuscitation tubes intact and notify the family that the body will be released to them at the coroner's discretion.
- Autopsy may be offered in case of an unknown death to learn the cause.
- Organ donation (Check hospital policy on how this is done)
- Have written materials available for family to read in the future about grieving, support groups (local, national, or Internet), your hospital's social work number, your name and number for questions.
- Death certificate – must be completed in a timely fashion. The patient's private doctor should be notified and may be willing to sign the certificate.

Taking Care of Yourself

- Communicating bad news is stressful for physicians. Typical fears include loss of control, fear of unleashing a reaction, fear of expressing emotion, fear of being blamed, fear of not knowing the answers, fear of illness and death.
- Death telling reminds you of your own mortality. You may imagine the possibility that your loved one may die in the same way. You may relive your experience of learning of your own family member's death.
- Take a few moments to acknowledge your feelings and cope with them.
- Call the medical team together for a debriefing session to share feelings. Usually this is done informally as members of the health care team complete paper work and straighten up the resuscitation area. Critical incident debriefing sessions by a professional may be necessary, especially in a gruesome or heart wrenching situation.

- Remember your subsequent patients – they need your undivided attention.
- Be sensitive to your staff's reactions and be aware that there is a chance for impaired performance for the remainder of the shift.
- Professional help – Do not be afraid to seek professional grief counseling if necessary.

Conclusions

- Delivering bad news is an important part of the emergency physician's job.
- The manner in which the news is delivered to family members will have a long lasting effect.
- Delivering bad news, especially that of a pediatric death, is one of the most stressful aspects of the EM physician's job.

Proper training and experience will facilitate the process.

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