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FAST FACTS AND CONCEPTS #64

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Introduction This Fast Fact reviews the components of a sensitive notification of loved ones when a patient dies. The physician is a key figure in the death notification process. Family and friends who are present at the time of death look to the physician for information, reassurance and direction regarding the weeks and months ahead. The lasting impression and memories that family members have regarding the manner in which they received word that their loved one died may affect the grief process and eventual integration of the loss within the survivors' world. Research has demonstrated that the skills of compassion and sensitivity can be learned and must be incorporated into the practice of all physicians.

Preparation

1. Confer with nursing and other staff working with the family/significant others. Review the medical record (including any advance directive).
2. Examine the patient; confirm death (see Fast Fact #4).
3. Find a private place to meet with family/significant others.
4. Involve other members of the interdisciplinary team (e.g. nurse or chaplain) in the notification process.
5. If possible, learn the names of those you will be talking with and their relationship to the deceased.

Meeting with the Family/Significant Others

1. Introduce yourself and identify those present. In situations where there are family and friends present, ask the next-of-kin who they would like with them during the conversation.
2. Identify and respect ethnic, cultural or religious traditions (see Fast Fact #26).
3. Invite those present to sit down with you. Use body language, eye contact and touch (introductory hand shake or clasp), if appropriate and accepted by family/significant others.
4. Express your condolence (e.g. I'm sorry for your loss; My condolences to you and your family.)
5. Talk openly about the death. Use "died" or "dead" during the initial conversation. Listen for the words used by the family/significant others to describe death and use their term(s) throughout the remaining discussion. Refer to the deceased by name.
6. If requested, explain the cause of death in non-medical terms. Allow time for questions; be open to acknowledging that there may be things you don't know. Offer assurance that everything possible was done to keep the patient comfortable.
7. Be prepared for a range of emotional expression. Do not offer sedation as a way to deal with expressions of emotion. (Mild sedation for a brief time period may be considered to assist with insomnia.)
8. Offer the opportunity to view the deceased. Prepare family/significant others for how the deceased will appear; model touching and talking to the deceased. Offer time alone with the deceased and assurance that survivors will not be rushed.
9. Provide time for the family/significant others to process the reality of the death before discussing autopsy or tissue/organ donation.
10. Let family/significant others know that you will return, should questions arise or they desire additional information. Provide information about how the family can reach you after they leave the facility.

Follow-up

1. Personalize and sign a sympathy card to the bereaved (see Fast Fact #22).
2. Consider attending the wake, funeral, or memorial service.
3. Consider referral to a bereavement support service or agency, particularly if children are involved.
4. Encourage the bereaved to schedule a physical exam four to six months after the death.
5. Invite the bereaved to meet with you regarding autopsy results or to discuss unresolved questions.

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