

NOTIFYING FAMILY MEMBERS AFTER UNEXPECTED DEATHS: GUIDELINES FOR HEALTHCARE PROVIDERS

Although death is not a rare event within healthcare settings, healthcare providers receive little to no training on how to notify family members that their loved one has died. The task can be stressful for the family, as well as the provider, and the quality of the delivery of information can impact the health and well-being of the bereaved family. While the circumstances of death can vary widely, notifying family members after an unexpected death (e.g., accidents, suicides, homicides, medical mishaps, disasters, terrorism) can be particularly challenging. Such deaths will likely be shocking to the family and even more stressful if the deceased was a child, the death was violent or disfiguring, or the deceased

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suffered before death. Healthcare providers cannot lessen the loss of a loved one, but they can provide family members with clear, concise, and accurate information about the death, and access to helpful resources, in a way that is professionally responsible, empathic and culturally sensitive. The scope of responsibilities for health care providers regarding death notification

is likely to vary depending upon the situation, the institution in which they work, and the availability of ancillary resources that share in the death notification process. Below are important guidelines that review the range of responsibilities that health care providers should recognize.

PREPARE

Gather information and prepare yourself

- Review the circumstances of death (what is known, as well as not known)
- Identify the next of kin and their contact information
- Identify age, gender, names and special needs of family members
- Be aware of relationships within the family (either healthy or problematic) that might affect communication
- Anticipate questions, prepare, and rehearse answers
 - » *What was the cause of death?*
 - » *Did my loved one suffer?*
 - » *Are you sure? Is there some mistake?*
 - » *When can I see my loved one?*
- Dress professionally, e.g., remove or cover any soiled clothing, such as surgical gown
- Shift from clinical objectivity to empathic sensitivity

Engage other support

- Chaplains can offer spiritual support
- Social Workers can identify resources (e.g., therapeutic) and assist with planning (e.g., funeral services)
- Interpreters can overcome language barriers
- Support organizations (e.g., Compassion Friends, the Dougy Center, Tragedy Assistance Program for Survivors) are available for family members who have suffered similar losses

Collaborate with other stakeholders

- Hospital leadership will likely be involved in cases of medical error, suicide, emergency room deaths

- Hospital Public Relations personnel should be engaged if media is involved in reporting about the death
- Law enforcement or fire department may be present if death was part of a crime, fire, accident or mass fatality event

Manage the notification setting

- Respect the privacy of the family
- Death notifications are best conducted in person. Ask family members to come to the hospital: *It is important that you come to the hospital regarding your brother. Is there a friend or family member who can drive you?*
- Meet in a private room, not in a hallway or waiting room.
- Ensure everyone is seated, including the notifier
- Certain factors such as distance to the hospital, time of day, weather, or age/functional status of the next of kin may necessitate a notification be done over the phone. If so:
 - » Advise they may want to find a quiet place, without children or distractions to take this call
 - » Ask if there is a support person available
 - » Ensure they are seated
 - » Warn that they are about to receive bad news

DELIVER THE NEWS

Notify the family

- Identify and introduce yourself, especially if you did not have a prior relationship with the family
- Identify the next of kin and their relationship to the patient
- Quickly set the tone: *I am sorry, but I have bad news.*
- Use, non-technical, easy to understand language because cognition declines under stress, for example:

- » *Mr. S's heart stopped beating this morning. We attempted to restart it but were not successful. I am so sorry, he has died.*
- » *Your brother was brought to the emergency room after a serious accident. Despite attempts to save him, he died.*

- Next of kin may not remember everything you say. Aim for no more than 3 brief points and be prepared to repeat information. As appropriate, put information in writing for the family.
- Be clear about what is known, as well as what is not known

Additional important conversations

- If appropriate, offer the opportunity to view the deceased
 - » Clean and prepare the body prior to viewing (e.g., remove blood, emesis, medical equipment)
 - » Prepare the family for what they will see, especially if the body is disfigured. Remove medical appliances (e.g., intubation tubes)
- Discuss deceased's wishes for organ donation when appropriate
- Discuss autopsy (if family requests or if required by law enforcement)
- Assist the family in working with hospital personnel that assist with decedent affairs
- Advise the family how and when to discuss the death with vulnerable family members (e.g., children, special needs family members)

Be prepared for the family's reactions

- Next of kin's initial responses may include numbness, shock, or disbelief, which then may result in:
 - » Denial
 - » Anger or Bitterness
 - » Blame
 - » Sadness
 - » Guilt
- Avoid interpreting or being critical of family members' emotional reactions, or becoming defensive based upon what they might say
- It may be appropriate to touch or hug the next of kin, but be alert to their comfort or discomfort, and respectful of culture, age and gender
- Allow the next of kin time to absorb this information in the safe setting of the private room

Respect culture, race, and ethnicity

- Consider families that may come from a background different than your own
- Deliver information in a way that all families can understand
- Be prepared for questions that indicate unique cultural perspectives, for example:
 - » *Does the way he died mean he is not going to heaven?*
- Respect displays of emotion that may be culturally unique
- Educate health care providers in cultural awareness as part of death notification training

Follow up

- Answer questions. If you do not know the answer, provide a timeframe in which you will get back to them. Don't be afraid to say, "I don't know."

- Provide contact and other important information in writing because details given under stress are likely to be forgotten
- Identify an alternate professional point of contact for the family if you go off shift before they leave the hospital
- Evaluate the notification, correct mistakes and share what you learned about the process with others

Consider special circumstances

- Death notification may be challenging during mass fatality events due to limited resources, and special planning is typically required
- Since suicide may be determined after autopsy or investigation, it is best to describe the event based on cause of death (e.g., gunshot wound) rather than intention (e.g., suicide vs. accident)
- Developing competence in death notification requires that we teach it within the healthcare profession. Allow rotating medical students to observe death notifications, but never expect untrained individuals to conduct notifications independently

AVOID PITFALLS — DON'T...

- Discount the magnitude of the loss if the patient is old, terminally ill, or if the death was medically expected
- Assume ANY death is "expected" by family members
- Use euphemisms for death (e.g., passed away, no longer with us) that can cause confusion
- Postpone the notification
- Speculate about information if you are uncertain
- Place blame on the deceased, other people or organizations or become defensive
- Refer to the deceased as "the body" or "it" (use their name instead)
- Offer false reassurances
- Rush the family to leave their loved one- most will view the body for about 15 minutes.
- Bring patient's personal belongings with you to the initial notification
- Discuss death-related administrative matters at the initial notification

ADDITIONAL RESOURCES

GRIEV_ING

<https://www.mededportal.org/publication/8210/>

The educational intervention GRIEV_ING is targeted at Emergency Medicine physicians but can be adapted for other audiences to improve death notification delivery.

We Regret to Inform You...

<https://deathnotification.psu.edu/>

Death notification training program developed by the FBI and Pennsylvania State University for Law Enforcement

"In Person, In Time"

https://irp-cdn.multiscreensite.com/ac5c0731/files/uploaded/in_person.pdf

Recommended procedures for death notification