The "Liaison" in Consultation-Liaison Psychiatry

Helping Medical Staff Cope with Pediatric Death

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KEYWORDS

• Consultation liaison • Bereavement • Burnout prevention • Pediatric death

KEY POINTS

- Pediatric consultation-liaison clinicians are well positioned to provide support, guidance, and systemic recommendations about how to help medical clinicians cope with the stresses of working with dying children.
- Interventions to support sustainability in this work need to occur at the institutional and team-based levels as well as in individual practice.
- Shared clinical work around challenging cases provides opportunities to engage with medical clinicians about their difficult experiences and provide reflection and support.
- Psychiatry services may also be in a role of advocating for institutionally based interventions that can help their medical colleagues.

INTRODUCTION

As child psychiatrists caring for youth with comorbid medical and psychiatric conditions, pediatric consultation-liaison (CL) psychiatrists are in the unique position of working closely with medical and nursing teams. The "consultation" may be to patients and families as well as to the primary medical teams. However, the "liaison" role, defined by Merriam-Webster as a "person who establishes and maintains communication for mutual understanding and cooperation," is specifically for the medical staff, with the ultimate goal of improving patient care. This liaison part of the job often involves support and psychological holding for the medical team

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members as they care for patients. CL psychiatrists and their psychology and social work colleagues are sometimes embedded with subspecialty teams, such as oncology, transplant, complex care, intensive care, and palliative care, that regularly deal with dying children. Mental health providers may therefore be in the role of accompaniment, support, and guidance as these clinicians manage the emotional strain of watching their patients die. Although clinicians of other disciplines may serve these roles, this article specifically addresses the role of psychiatrists.

The loss of a loved person is one of the most intensely painful experiences any human being can suffer, and not only is it painful to experience, but also painful to witness, if only because we're so impotent to help.[1]

The compassionate care of the dying requires the ability to give of oneself without being destroyed in the process.[2]

Working with seriously ill patients can contribute to burnout in physicians and nurses throughout their training and practice over time. Burnout is a syndrome characterized by emotional exhaustion, cynicism and depersonalization, and feelings of ineffectiveness that may occur among people whose work is focused on serving others.[3] Medical clinicians who care for dying people may be particularly vulnerable to the emotional impact of patient deaths, which in turn may contribute to burnout. House staff, oncologists, palliative care doctors, and nurses and doctors working in intensive care units (ICUs) have been identified as having strong emotional responses to patient deaths that can affect patient care and physician well-being.[4–7]

The death of a child may be even more difficult for medical providers to cope with, because it may challenge beliefs about life and death and the way the world "should be," as well as one's professional effectiveness and capability. Most people in contemporary western societies hold a worldview that children will outlive their parents and that adults will live well into advanced years. When a child dies, these beliefs are thrown into question, and the greater the discrepancy between expectations and reality, the more difficult it can be to reconcile the death. Thus, the death of a child is considered to be one of the greatest losses a person can experience.[8,9] Medical providers may also acutely feel the suffering of parents and family members, contributing to the sense that the clinician failed in their charge to save the child's life. Pediatric ICU physicians have been shown to have burnout symptom rates of up to 70%,[10] and up to 86% of ICU nurses also report some symptoms.[11] Sudden child death[12] as well as protracted life-limiting illness such as cancer in children may be extremely stressful for clinicians and create a sense of helplessness. Pediatric oncologists have described feelings of sadness, exhaustion, self-questioning, guilt, and failure. These feelings may have impact outside of work, including irritability and disconnection from loved ones.[13] Physician burnout has been related to both decreased productivity and physician turnover,[14] and importantly, the quality of patient care.[15]

Learning to cope with the death of patients is an important skill that is often neglected in clinical training,[5,6,16,17] and yet needs to be cultivated throughout the course of a clinician's career.[4,7] Some clinicians find that working with seriously ill patients provides a meaningful perspective on life that allows them to appreciate things in a different way,[13] and personal characteristics, such as engagement and connection, may help clinicians be more resilient.[18] It is essential that clinicians gain insight into their own reactions to death and dying, bearing in mind they may hold a skewed view of the world given the pain and suffering they witness. Medical providers must reconcile their everyday work experience of illness and death, with human limitations