

**Original Article**

# Contacting Bereaved Relatives: The Views and Practices of Palliative Care and Oncology Health Care Professionals

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**Abstract**

*There are few data on the interactions of health care professionals with bereaved relatives. The objective of this study was to explore the current practice of health care professionals in oncology and palliative care in contacting bereaved relatives, and to elicit their views regarding the purpose, the optimal means, the format, timing, and content of these contacts. We conducted 28 in-depth, semi-structured interviews with health care professionals in Australia working in palliative care and oncology. The interviews were audiotaped and transcribed. Further interviews were conducted until no additional themes were raised. The narratives were analyzed using qualitative methodology. Most participants were in favor of contacting bereaved relatives after the death of a patient they had cared for. Some barriers to implementing these contacts were identified, including time constraints, institutional factors, and personal barriers. Contacts ranged from a personal phone call to a standardized letter. Timing of contacts varied from immediately after the death of the patient to several weeks later. Participants used words and phrases in these contacts that ranged from personal and individualized messages to standard phrases. Health care professionals emphasized the importance of contacting bereaved relatives after the death of a patient for whom they had cared. The format and content of current contacts vary widely, and there does not seem to be a gold standard approach. This area has been relatively unexplored and lacks adequate models for health care professionals. This study provides some insight into current practice and hopes to facilitate further discussion of this topic. J Pain Symptom Manage 2009;37:807–822. © 2009 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.*

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### **Key Words**

*Palliative care, oncology, bereavement, bereaved relatives, health care professionals, communication, professional-family relations, condolence, empathy*

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### **Introduction**

The death of a loved one is one of the most difficult and painful experiences that a person can encounter. Having accompanied a relative through a terminal illness, this intimate relationship comes to a sudden end. The pain and grief that people experience at this time may need appropriate acknowledgment by health care professionals (HCPs).<sup>1-4</sup> After the death of a patient, relatives not only lose their close relationship with their loved one, but also the relationship with HCPs established throughout the illness of the patient.<sup>4</sup> Often there is no further contact between HCPs and relatives, and this lack of contact may prevent a certain closure.<sup>3</sup> Bereaved relatives often appreciate contacts from HCPs to a greater degree than we might realize,<sup>5</sup> and have sometimes expressed disappointment at the sudden termination of contact with HCPs after the death of their loved one.<sup>4</sup> At the same time, HCPs are often uncertain as to their role with relatives after the death of a patient.<sup>6</sup>

Some writers maintain that the HCPs' responsibility does not end when the patient dies,<sup>3,7</sup> and that there is a final responsibility for helping the bereaved relatives.<sup>3,4,6</sup> It has been suggested that one of the most meaningful acts of kindness can be a phone call<sup>8</sup> or a condolence letter<sup>3,9</sup> to the bereaved relatives. This may facilitate a positive closure of the professional "HCP-patient-relative" relationship, and may provide a platform for offering further support or services if needed. However, there are few objective data on the interactions of HCPs with bereaved relatives after the death of a patient they cared for,<sup>10-12</sup> and few indications regarding the way these contacts should best be conducted.<sup>3,9</sup>

Some studies have been carried out on caring for relatives at and shortly after the death of a loved one, but these studies were carried out in the context of intensive care and emergency medicine.<sup>13,14</sup> We carried out this study to explore the current practice of HCPs with

regard to contacting bereaved relatives after the death of a patient they had cared for. The specialties of oncology and palliative care were chosen because HCPs often have long-term contacts with patients and their relatives in these areas. We also set out to explore their views on the optimal means, format, timing, and wording of these contacts.

### **Methods**

#### *Sample*

Eligible participants included doctors, nurses, and allied health professionals working in palliative care and oncology. Initially, palliative care doctors were recruited from a list provided by the Chapter of Palliative Medicine at the Royal Australian College of Physicians and by identifying palliative care centers in Australia. Oncologists were recruited initially by means of the Medical Oncology Group of Australia. A snowballing technique<sup>15</sup> was then used, in which contacted doctors were asked to identify palliative care nurses, oncology nurses, social workers, pastoral care workers, bereavement counselors, and clinical psychologists who had expertise in this area.

Participants were purposively<sup>15</sup> sampled to represent a range in years of experience, gender, work location (rural and urban), setting (community-based and hospital) and public vs. private practice.

#### *Data Collection*

The initial contact took place by telephone or e-mail, and the study aims and method were explained by the study coordinator (S.C.-T.). An information sheet and consent form were sent out to the prospective interviewees, and all participants gave their written consent. The study coordinator contacted potential participants some days later, and if they were willing to participate, an interview date was set. The interviews were conducted by the study coordinator, a palliative care physician from Europe (S.C.-T.).

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