Dealing with Grief and Loss

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Objectives

1. Recognize professional grief and its impact on you and your ability to provide quality patient care

2. Explore ways to manage/deal with your grief so that you can avoid burnout and continue providing quality patient care

Personal vs. Professional Grief

- **Personal Grief**: Grief that follows the loss of a loved one or close friend
- **Professional grief**: One’s own grief response when clients die
How to avoid excessive grief

• Recognize the patients who most likely will affect you
• Know how to respond to them in ways that both of you feel complete
• Recognize your own style of coping
• Learn to maintain equanimity
• Develop support systems within your medical community.

A Patient who mattered

• Think back to when you had a patient you liked, that mattered to you personally, died. What did they look like? What made them special?
• Did they remind you of someone?
• Were they like you in some respect such as having children the same age as yours?

TRUE - FALSE QUIZ

• Emotional involvement interferes with professional objectivity
• If I get too close to a patient I will suffer more
• If I let myself grieve for everyone I’ll burn out
• Expressing my feelings is unprofessional
• If I don’t keep professional boundaries strong, patients will not respect me
The need to appear “imperturbable” is a virtue.

“Physicians and nurses must maintain:

- coolness and presence of mind under all circumstances,
- calmness amid storm,
- clearness of judgment in moments of grave peril,
- immobility, and impassiveness.”

“AEQUINIMITAS”
William Osler May 1, 1889 (from Marcus Aurelius)

The costs of impassivity:

- Loss of an important part of yourself
- Loss of opportunity to help patients in non-technical ways
- Ultimately becoming cold and remote in other relationships

An Appropriate Response

- The young student approaches the Zen Master.
- “Sensei, Sometimes I don’t know what to do.
- In all your years of study what have you learned to do?”
- The master replies “In all circumstances, try to give an appropriate response.”

- What are the alternatives to armoring your heart and not getting involved?
- How can you do this safely?
A BALANCED HEART & MIND

• Identify the patients who hook you and examine your feelings
• Define your job
• The goal of medical treatment: A Larger Life
• How to maintain equanimity:
  • Open to feelings
  • Balanced
  • Realistic

What to do if not giving technical treatment?

• Become a witness
• Care for the person as well as the disease
• Learn how to Shudder

WITNESS

• Few of us appreciate the significance of being witnesses. Illness is rarely simple and witnessing it isn’t either. There are always openings for creative healing interactions and moments of beneficence. Such moments may never affect the medical outcome but healing and cure are two very different experiences.

• Kathy Weingarten, PhD, Common Shock
What to do after patients die?

• Acknowledge your own grief to a trustworthy Witness
• Be compassionate with yourself
• Share experience with co-workers
• Develop a ritual for the department

Attributes of Professional Grief

• HCPs are not part of the family
• May be mistaken as job stress or job dissatisfaction
• Often internalized and not openly expressed
• Chronic process in specialties with high mortality rates
• Can be rooted in an inability to comfort and cure patients who are suffering and/or terminally ill


“People who don’t care are rarely vulnerable to burnout... We burn out not because we don’t care but because we don’t grieve...because we have allowed our hearts to become so filled with loss that we have no room left to care.”

–Rachel Remen, MD

*Kitchen Table Wisdom: Stories That Heal*

Professional Grief Can Cause Burnout

Symptoms of Burnout:

- Numbness
- Apathy
- Poor job satisfaction
- Feelings of frustration and failure

Consequences of Burnout:

- Negatively impacts interactions with patients and their families

The loss of patients doesn’t cause burnout; not grieving can

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Practical Tips for Coping with Professional Grief

- Balance the sadness
- Manage other stress
- Remember goals beyond disease management
- Don’t think about patient loss as personal failure
- Help others to grieve

Balance the Sadness

- Office ceremonies, memorials
- Find reasons for laughter
- Inspiring stories
- Support groups

Manage Other Stress

Healthy Tactics
- Time with friends, family
- Exercise
- Reading, music

Unhealthy Tactics
- Substance abuse
- “Neutral” activities that can be problematic if done in excess (e.g., eating, gambling, “retail therapy”)

Avoid unhealthy stress-management tactics

Created by Carla Denham, MD
Remember Goals Beyond Disease Management

- Relief of symptoms
- Education
- Emotional support
- Witnessing another person’s life
- Relieving suffering

Success in “Failure”

- Dr. Adams is a hospice physician who is attending a party along with many acquaintances she hasn’t seen in several years. One woman asks her what type of work she is doing at present, and when told replied, “Oh, that must be so depressing, since you fail every time.”
- Later, Dr. Adams realizes how surprised she was by the comment, since she doesn’t at all feel as though she is “failing every time.” In fact, since the primary goal of hospice care is a peaceful death, she feels as though her team is quite often successful.

Don’t Think About Patient Loss as Personal Failure

- Look for success
- Remember altruism
- Our jobs really are about life and death

It is an incredible honor to participate in such a meaningful time of life for our patients and their families.
Help Others To Grieve

- Facilitates our own grieving process
- The way we help others grieve may differ by setting
- Real life example: The Grieving Cart

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Final Thought

“For the meaning of life differs from man to man, from day to day and from hour to hour. What matters, therefore, is not the meaning of life in general but rather the specific meaning of a person's life at a given moment.”

—Dr. Viktor Frankl

*Man’s Search for Meaning*
References


