

Bereavement Support in a Comprehensive Cancer Centre

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Introduction

"I will instruct my sorrows to be proud,
For grief is proud and makes his owner stoop.
To me and to the state of my great grief
Let kings assemble, for my grief's so great
That no supporter but the huge firm earth
Can hold it up."
William Shakespeare (1564-1616)

Grief is the emotional response to bereavement and is a universal experience, however there are a proportion affected who will suffer a complicated bereavement reaction.

Bereavement is the entire experience of family members and friends in the anticipation, death and subsequent adjustment to living following the death of a loved one.

Bereavement care is recognized as one of the core components of specialized palliative care.

Complicated bereavement has been described as a deviation from the normal grief experience in either duration, intensity, or both and has a prevalence of 5% to 10%, or higher in high risk populations such as bereaved parents.

While there is a general assumption that bereavement care is part of cancer and palliative care services it is less clear how assessments for this care should be made and what interventions are most effective

This project aims to provide an evidence based proposal for a bereavement service tailored to the specific needs of our patients.

Aims

1. To research available evidence regarding bereavement, focusing particularly on evidence-based bereavement support in comprehensive cancer centres
2. To assess the supportive requirement of patients at The Royal Melbourne Hospital and their carers relating to bereavement
3. To enhance access to counselling services for bereavement for patients and families from diagnosis
4. To provide information and improve access as necessary to bereavement support services in the community, creating seamless support and reducing variations in care

Methods

Phase One: A literature review describing available evidence supporting the need and utility of bereavement supports in the care of patients with cancer and their families.

Phase Two: A prospective audit of all patients with a cancer diagnosis, referred to the palliative care consultancy, to determine the estimated population of patients that may require specialist bereavement care, by use of existing, validated bereavement risk assessment tools.

Methods

Phase Three: The scoping of already established formal palliative care bereavement services by auditing the policies and procedures available to us from other Melbourne hospitals, palliative care services and specialised bereavement services. This information will be used to create a bereavement service to pilot at the Royal Melbourne Hospital based on what is already functioning locally.

Phase Four: Pilot of a bereavement service for palliative care patients and families with the resources currently available to us in the Palliative Care Department. Evaluation of the pilot bereavement service.

Phase Five: Preparation of a clinical plan and business case to establish a bereavement service, to provide for the needs of patients and families.

Results

Literature Review

A literature search was carried out to identify the evidence pertaining to bereavement particularly in acute hospitals and in palliative care.

Pubmed, psychINFO and the The Cochrane Library were searched with additional hand searches of palliative care textbooks and their reference sections. The principal search terms used either singly or in combination were: bereavement, palliative, hospital, complicated bereavement, bereavement support and bereavement risk. Articles were excluded from the review if they were focused on the death or bereavement of children or if they were not in English.

33 key articles were scrutinised.

Key messages identified:

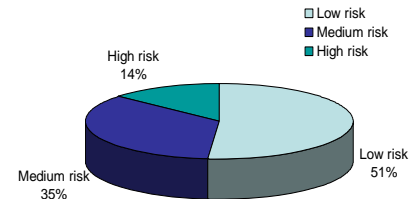
- Research into bereavement is ethically challenging but essential
- The need for supportive bereavement services appear to be generally recognised as an integral part of palliative care provision
- Grief is normal and intervention must be tailored to need
- An assessment of risk prior to bereavement can help target resources
- A compassionate approach impacts positively on bereavement outcome but the evidence is weak for specific interventions
- Bereavement follow up has been identified as important, particularly by the bereaved
- Cultural and spiritual factors need to be incorporated into bereavement care
- A bereavement coordinator and a multidisciplinary approach in hospital is necessary to run a cohesive service
- Bereavement services are generally well established in community palliative care services and hospices but less so in the acute sector

Results

Audit

The Bereavement Risk Index was selected following the literature review as it is the only validated tool in use and is applicable to research and clinical practice. This tool is used to identify those at risk of complicated bereavement to enable targeting of resources.

The main carer(s) of all patients dying following referral to palliative care were entered into the audit and the Bereavement Risk Index categorised them into three groups as follows:



These results indicate that our patients have higher rates of complicated bereavement than that stated in the literature in the general population. This could be due to the fact that patients referred to palliative care often suffer prolonged illness with multiple symptoms. This finding confirms a need for a structured bereavement service to target this high risk population.

Conclusion

Bereavement care is an important part of specialised palliative care but more information is needed about who benefits most from it, what services to provide and when is the best time to offer it.

This project will provide specific information on these topics and enable a bereavement service to be designed to meet the patients need and provide seamless supportive care before and after death.

References

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