# A Primary Care Approach to Bereavement

### An educational resource for clinicians

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Listen to us talking about how we developed the work in our podcast here:

Podcast Series | Support Around Death
(scot.nhs.uk)

Grief is a universal human experience, when someone dies but also as a reaction to a life event<sup>a</sup>

The increased morbidity and mortality associated with grief is widely reported<sup>b</sup>

GPs are central to bereavement care - in a unique way

Long term
support,
short but
frequent
interactions

These consultations can make us feel helpless<sup>c</sup>

We combined our **years of clinical experience**, and as **educators**, to create a **consultation model** to help clinicians navigate these conversations. This can be used in **any consultation** which includes **grief**, and especially when there is a feeling of **powerlessness**.

The resource is deliverable online or face to face and can be used a teaching aid for all primary care clinicians.

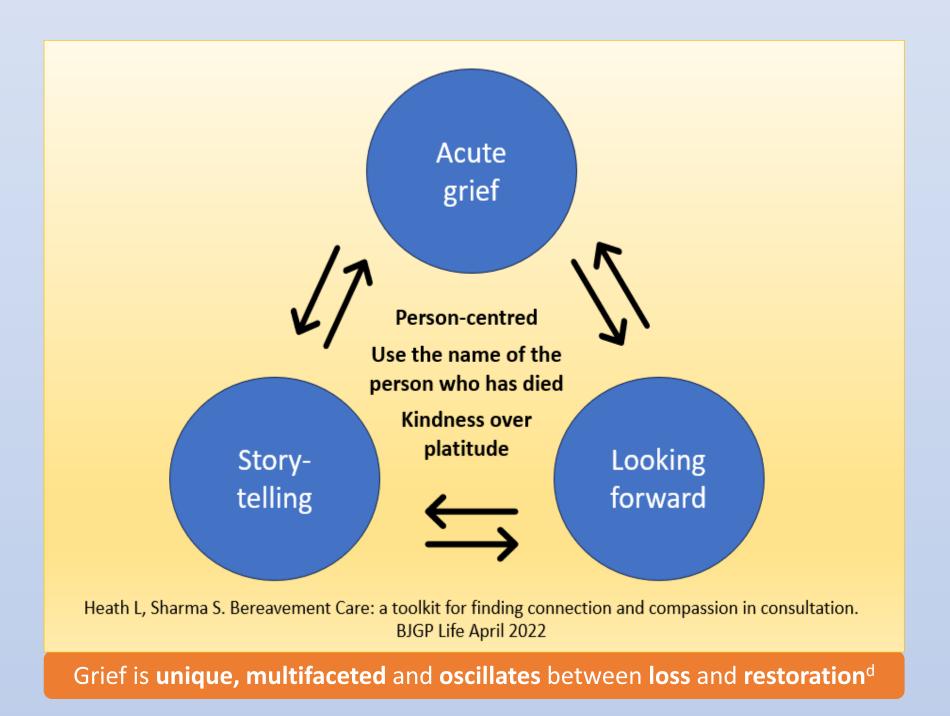
Widely researched to reflect current **grief theory** and **neuroscience** 

It is **simple**, **memorable** and **easily applicable** 

Grief is **non-linear** so we chose to base our model around a triangle

Describes **three points** in a grief journey, between which individuals move freely, and in either direction

Suggests **communication styles** which may be most useful at each point, and especially where there is a feeling of powerlessness



### STORYTELLING Recalling memories of loss helps us to adjust

Use the name of the person who has died

Ask simple questions 'how are you right now?'

Individuals who connect with others are more resilient in their grieving – books, films, support groups

Excessive rumination can be a risk factor for depression or prolonged grief disorder<sup>f</sup>

## ACUTE GRIEF Tolerate distress and hold the space

Allow negative emotions to fill the encounter

Hold your own assumptions at arm's length<sup>e</sup>

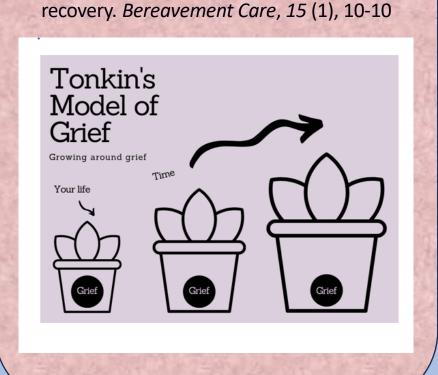
Normalise the need for support Emphasise the individuality of grief

'I can see how painful this is for you right now. That pain might never go away, but you will learn ways to live with it.'

#### LOOKING FORWARDS

'Growing around grief'

Tonkin, L. (1996). Growing around grief – another way of looking at grief and



#### FEEDBACK ON THE RESOURCE

We presented this at the **NHS Education for Scotland Annual Bereavement**Conference 2023 - here is some feedback from delegates:

- Provides practical tips on how to support patients facing grief.
- 3-point model very usable and poignant for GP Practice
- This is a MUST for primary care.
- Hopefully we will see this incorporated into the GP Curriculum soon.
- Despite being so short for time in primary care there are things we can do
- I am a GP and hope to take this back to my team
- Found this helpful and encouraged to listen to patients' stories.

#### **PHYSICALITY OF GRIEF**

No one ever told me that grief felt so like fear...the same fluttering in the stomach, the restlessness, the yawning. I keep on swallowing.' C S Lewis, A Grief Observed. 1961

Anecdotally, women tend more towards symptoms in the chest; men in the legs

#### REFERENCES

- a. Heath I. Covid19 and the legacy of grief. Br J Gen Pract 2020
- b. Jones M et al. The long-term impact of bereavement upon spouse health: a 10-year follow-up. *Acta Neuropsychiatrica* 2010
- c. Pearce C, Wong G, Barclay S. Bereavement care during and after the COVID-19 pandemic. *Br J Gen Pract* 2021
- d. The Dual Process Model of Coping with Bereavement –Stroebe and Schut 1999
- e. O'Connor M, Breen L. General Practitioners' experiences of bereavement care and their educational support needs: a qualitative study. *BMC Medical Education* 2014
- f. Eisma MC et al Adaptive and maladaptive rumination after loss: A three-wave longitudinal study. Br J Clin Psychol. 2015