Death Notification

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Disclaimer

- Nothing discussed here represents a standard of practice
- Established local procedure applies
- No relevant financial disclosure
- Thanks to PMI, the MRA education committee, and to you for your efforts and service
My background

- Boarded, practicing community EM Physician
- Active member and medical director for Albuquerque Mountain Rescue.
- 4 yr of EM residency training at urban and rural level 1 centers
- Previous career and volunteer Paramedic
- College volunteer rescue squad EMT
- Explorer SAR in high school with Appalachian SAR Conf/MSAR/PVRG
Death Notification

- Undesired task associated with undesired outcome
- Difficult, anxiety promoting task
- Little or no training available
- Still an important part of our work
Evidence

- Evidence for best practices is limited
- Most publications are author opinion or survey of experiences and attitudes
• Even Senior ER physicians reported insomnia and fatigue
• Homicide detectives had high rates of substances abuse
• Even SIMULATED death notification created measurable physiologic stress among trainee physicians
• Taboo topic, message: if more tough/nice/smart/experienced, you will succeed
• Othering vs Identifying - we have it worse
The good news...

- Small training amount greatly reduced anxiety, measurably improved performance
- Even discussion with colleagues helpful
- Like everything else we do, having a plan improves our performance
General Principles

- Timely
- In person
- Appropriate setting
- Sit at eye level
- Do not go it alone
- Clear language
- Be informed
- Introductions

- Lead In/Prepare: “We have some very bad news to tell you”
- Obtain ‘Invitation’
- Allow reaction
- Express Sympathy
- Avoid: religious endorsement
- Avoid: “I know how you feel”

Monday, July 7, 14
## What is Important to Survivors?

### J Trauma Survey

**Most to Least Important**

- Attitude
- Clarity of message
- Privacy
- Ability to answer question
- Sympathy
- Time for questions
- Autopsy information
- Clergy available
- Directions after death
- Location of conversation
- Timing of conversation
- Rank/seniority of newsgiver
- Follow-up contact
- Attire of news-giver (<5%)

### Hong Kong Data

**Helpful**

- Written Information
- Opportunity to view remains
- Respectful of Culture

**Not Helpful**

- Lack of Information
Who should notify?

- IC
- Sr Medical
- Responsible Agency Rep
- Law Enforcement
- Chaplain
- Clinical Social Worker
- Psychologist
- Detective/Investigator
- Friend/Family
- Clergy
- Someone experienced
- Someone who wants to
GRIEV_ING

- Useful acronym for remembering steps and principles
- Extensively published by Hobgood, et al
- A way, not THE way
GRIEV_ING

• GATHER the survivors (friends, family) in an appropriate, private place.
• Avoids confusion by letting all people hear the same thing
• Saves time, avoids multiple notifications
• RESOURCES - have a colleague, advocate, chaplain, or other help
IDENTIFY / Introduce
First yourself
Anyone else with you
All survivors present
GRIEVING

- EDUCATE survivors
- ask them their understanding of the situation if appropriate
- Explain the events that lead to this discussion
- “we did everything we could do.”
GRIEVING

• VERIFY

• use very clear phrases like
  • “has died”
  • “is dead”

• +/- statement of “I don’t think s/he suffered,” if evidence supports it
GRIEVING

• _ ;“space”
• Allow opportunity for survivors to react
• Reactions will be varied
• try to allow them time
GRIEVING

• INQUIRE

• “What questions do you have?”
GRIEVING

- “NUTS AND BOLTS”
- explain the logistics of what is going to happen next
- If appropriate, offer opportunity to view body.
• GIVE

• provide contact information (Your location & timeframe, business card, contact info)

• other appropriate assistance (coffee, tissues, ride, telephone, etc)
Local Training

Roleplaying of notification process is validated training method

You can use your mission files to create scenarios

Have the simulated survivors & observers provide feedback

Recording for self-evaluation also useful
Telephone Notification

- Sometimes unavoidable
- 90% wanted immediate notification at any hour
- Best to have them come to you or have some one go to them to make notification in person
- Try to re create as much of the in person process as you can

- Privacy & Timing
  - “are you sure you want to talk about this right now?” (invitation)
- Support person
- Similar discussion
- Similarly offer contact information and support
Anger, Violence, Self Injury

- Rare
- Kubler ross: denial-anger-bargaining-depression-acceptance
- Potential to exacerbate existing conflict
- Wide cultural / personal variations
- Avoid escalation
Survivor insists to go into field, recovery in process

Option 1:
Tell them no.
Physical restraint?
Law Enforcement?
Escalating violence?
Danger to self? Others?
Legal to deny access to public land?

Option 2:
Survivor is escorted by 2 rescuers with appropriate gear

Option 3:
Talk them out of it

Monday, July 7, 14
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Thank you for your time and your service.

What questions or comments do you have?