GRIEF & BEREAVEMENT

Sunshine Coast Specialist Palliative Care
Rural Telehealth team

KEY PRINCIPLES

- Bereavement support is viewed as part of the overall palliative care service delivery
- Bereavement support should occur before and after patient's death
- Focus should be on the primary carer, but can include carers and extended family as indicated and allowing for resources
- Identify and screen bereaved person's risk factors for complicated grief
- Draw on person's own coping resources and capacity

- We are all responsible for bereavement care

PRIOR TO DEATH

At any phase of episode of care- screen for carer/family distress.

Support family/carers on around issues around diagnosis/prognosis, including

- assessment of understanding and level of preparedness
- advanced and future care planning
- death and dying process and symptom management.

Working along side local health professionals to identify and address concerns and issues faced by the carer/family.

PRIOR TO DEATH

- Multi-disciplinary team (MDT) approach and interventions put in place to alleviate family/carer distress and concerns that are evident
- Social work referral
- Social work interventions to address psycho-social issues
- Referral pathways to other services/supports/agencies

BEREAVEMENT RISK FACTORS

- Poor coping styles/Hx of mental health issues/substance abuse
- Relationship issues
- Manner of death- sudden/unexpected, lengthy/burdensome
- History of losses
- Concurrent stressors: multiple demands, financial concerns..
- New to decision making/High relationship dependence
- Dissatisfied with care provided
- Isolated/cultural barriers
- Limited protective factors

COMPLICATED GRIEF

- Most bereaved people manage their grief through internal resources with support from family, friends, and their local community;
- However, some people will experience more intense persistent and prolonged difficulties coined as “complicated grief”
- Complicated Grief
    - prolonged, unrelenting grief that occurs in approximately 8-10% of the bereaved population.

POST-DEATH

Bereaved carer/family given opportunity to discuss any aspects of care/debrief.

Supportive call can be made by any clinician if there has been a significant and positive connection between clinician and the family/carer.

Provide a bereavement pack
resources on grief and contact details.

POST-DEATH

Social work involvement is warranted for complex/intense cases.

Wider members of the SPaRTa team may be called upon to support and address any unresolved issues where possible.

Provision of appropriate and specific information and resources on grief and loss and bereavement support.

Conduct an MDT review for any complex cases for debriefing, reflective and learning purposes for the SPaRTa service.

Mr G (60yr old Male)

Extensive stage small cell lung carcinoma

- Dec 2019 Diagnosed
    - Staging scans confirmed 2 small cerebral metastases
- Mar 2020 Completed 1st line Carboplatin/Etoposide chemotherapy with whole brain radiotherapy
- Aug 2020 Disease progression
- Sept 2020: 2nd line Carboplatin/Etoposide rechallenge September 2020
- Oct 2020 Progression
- Dec 2020 Completed 3rd line CAV
- Jan 2021 Progressive commenced on 4th line Topotecan
- Apr 2021 Progression commenced on 5th line Paclitaxel
- Jun 2021 Progressive disease: No further systemic treatment
- Aug 2021 Completed rechallenge radiotherapy to lung and brain mets and referred for palliative care

Comorbidities and ACP

- Colorectal (Low rectal) carcinoma (early 2017)
  - Neoadjuvant chemoradiotherapy followed by surgery
    - Nil residual carcinoma, 0/20 lymph nodes positive
  - Nov 2017 completed adjuvant capecitabine.
  - Considered Treatment complete
- Hypertension
- Hemi-thyroidectomy

- **Advance Care Planning**
  - Will completed and up to date
  - EPOA: May 2021 – Wife (Med & Fin)
  - AHD: May 2021 Declined life sustaining treatment
- Wife supportive. 2 children from previous marriage. Son committed suicide 2016

Clinical Progression

Original referral for introduction to service and to assist with end of life care at home

- Aug 2021 Functionally independent and managing most ADLs. Troubled by cough and sleep disturbance. Appetite suppression.
- Oct 2021 Unable to mobilise independently. Increasing fatigue with no improvement in intake. Accepting of the trajectory after explanation of disease effects. Aim to stay at home, and advice given about Subcutaneous medications if required. During month, further deterioration with hoist transfer and equipment provided by PCEP MASS
- Nov 2021: Rapid deterioration over days. Syringe driver and guidance given in conjunction with the local palliative care nurses
- Deceased at home during business hours, life extinct completed. Death Certificate promptly provided by SPARTA

Central West Patient :

A/Pall care CNC: S Northfield

Case Discussion

SUMMARY

- Bereavement support is everyone's responsibility
- Bereavement support pre-and post-death
- Screening for bereavement risk factors
- Targeted bereavement support for those most at risk of "complicated grief"

Thank you for your time

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