

*Confronting death, when the death of a patient has not previously been experienced or not experienced as frequently.*

1. **A lot of clinical staff only see patients recover and are confronted when a patient dies. Are there any words or thoughts you can offer to assist them to deal with this?**

Let yourself feel what you feel. It's natural that healthcare workers feel confronted around death. We do, after all, tend to be hopeful people, who get into healthcare because we want to make a positive difference and to help people heal. But remember this – there is real healing and hope in providing a good death, too. Even when a family cannot be present at the time of a loved one's death, knowing that that person has been tenderly and compassionately cared for, helps their grieving and healing process immeasurably.

2. **The patient's family and carers have been informed their loved one will not recover. What are some of the emotions I should be preparing myself to see?**

You can expect to see a vast range of emotions – disbelief, anger, grief, confusion, even, surprisingly, acceptance. The bigger thing to prepare yourself for, though, is that these can all change in an instant, and someone who seems accepting in the morning, can present as absolutely furious in the afternoon. Coronavirus adds another layer to all of this. In recent years, Western Health has done some absolutely wonderful work around how best to provide a good, family inclusive end of life experience in the acute setting, but with COVID, a lot of those personal touches have had to disappear, which means that staff often need to find ways of making end of life special and personal. Little things, like holding the patient's hand, or taking a little time to let them tell you how they're feeling, can make a huge difference to them, and you.

An important aspect of caring for the dying, and their families, is making them feel safe. Letting them know that we're here to support them, keep them comfortable, manage their pain, that we know what we're doing, all goes a long way towards making people feel safe, even in the hardest moments of their lives.

3. **We have over 140 different cultures represented at Western Health. Given there would be many cultural sensitivities around death and diversities of religious beliefs about death and dying, how can I best respond when I am not familiar with the variances?**

My suggestion here, is to do some reading if you can, but most importantly, ask the patients and families what they need. The asking is important, because, for example, two families may identify as Catholic, and be from the same part of the world, but still have vastly different views of what that means at end of life. And if you feel that you can't have that conversation, give Pastoral Care a call – we can support you by helping with the research, asking the difficult questions, or the very best scenario, supporting you to ask those questions.

**4. If I am impacted by the grief of others around me how can I better manage myself to support them?**

The literal meaning of the word 'compassion' is 'to weep with those who weep', which is very good advice for supporting those who grieve. Often the best way we can offer compassion is to be with people wherever they are. If that means sitting in silence with them, or laughing with them, or allowing them to rage or sob without trying to lead them out of it, or even, where appropriate, shedding a tear with them, there is a place for all of that.

The other issue here, is that in order to care for others, you need to remember that you cannot draw from an empty well. It's very important that after we've looked after others, we take time out to shed our own tears if we need to, or to do things that remind us that while life is sometimes hard, it can be beautiful, too.

**5. A patient's death may bring back painful memories for some of us personally, what is the best way to be able to reframe for myself, so I am living in the moment and not in the past?**

It's very natural, in the healthcare setting, to find yourself in situations that trigger your own memories and losses. Sometimes a patient or family may remind you of someone you love, or elements of their situation may mirror your own, or their situation may represent your own fears, or it may be as simple as, you just really like them. And all of that is ok. After all, we don't want a healthcare service that's staffed by a band of high-functioning sociopaths!

You're going to grieve at work sometimes, and sometimes you are going to struggle with your own memories. The trick is to draw from your professional skills and steady yourself while you're working with the patient. If those memories are overpowering, tell someone how you're feeling. The act of speaking those feelings will often act as an excellent circuit breaker. Lean on whatever support systems work for you – your own family and friends, pastoral care, EAP – if you think it will help you, don't be shy to seek it out!

After a day like that, it's also important to honour your own losses. Allow yourself the tears and memories, because it will make it easier to do your job in the long run.

**6. I may experience several patients die in one shift, how do I come to terms with this and be fully present each time?**

It can be hard not to become a little jaded on days like that, and it's important to remember that while this may have been the fifth death you've seen today, for this patient's family, something catastrophic and utterly life changing has happened. My suggestion is that you find a way to honour each person.

If possible, take a moment of silence at the patient's bedside, to mark not only what is lost to them and their family, but also to yourself, as a healthcare professional. Patient deaths can cost us something personal, and attention must be paid to that. You can't grieve every patient, but you can take the time to remember that they are special and unique, and that your experience of looking after them is, too.

**7. Sacha, you and your Pastoral Care team deal with a wide variety of challenges every day. Our observation is that your team are willing and exceptional listeners and are always calm and positive. How do you maintain this during challenging times?**

I always say that my main job is to be chaplain to the chaplains! We have a strong system of peer debrief in pastoral care, and so whenever any of us is working in a challenging situation, we try to ensure that time is taken to talk things through before the end of the day, and that this is followed up carefully. Being a small team, we're also able to look after one another. We have the privilege of knowing each other's backstories, and so are often able to know when a patient's circumstances might be triggering for one of us, or when we might have a few extra skills to bring to the situation.

As for calm – we each have our moments, believe me! But we're all very good at knowing what we need at the end of a painful day or week, and making sure that we seek it out. Self-care is our mantra, and we know that we can only give of ourselves if we've got something in the tank!

**In summary**

**How can the Western Health Pastoral Care team support our clinical staff when a patient has died?**

In the event of a patient death, we can support the clinical staff in a number of ways. A quick informal debrief, helping to find the hope and meaning in the situation, or simply to offer a bit of extra TLC to anyone who is struggling. We can also offer support in cases where the patient's family are distressed or angry, and also help staff to 'reframe' their own experiences. Being present while we offer a blessing at the bedside, religious or otherwise, can be very meaningful for staff, and we would encourage them, if they feel comfortable and the circumstances are appropriate, to join us while we do that.

**Sacha, tell us a personal and uplifting story about the work that you do . . . . .**

We often get asked how we cope with all the distressing stories that we hear, and my answer is always the same... yes, we hear all the emotional trauma, but we hear the love stories too, and I don't think that any one of us would swap that for anything.

A few years ago, we had a young patient, 33 years old, an MS sufferer, who had accidentally fallen pregnant. Unfortunately there were complications, and the baby was delivered at 24 weeks, died a week later, and then the patient herself died a few weeks after that. During her stint at Western Health, she had passed through Sunshine ED, Neurology, ICU, Birthing, and then back through Neurology and ICU, and finally, Palliative Care. Her story affected many staff, all of whom can be rightly proud of the work that they did.

Her parents are separated, and before she died, she asked me to keep looking after her father, who would not have as much support as her mother. I contact him every year on her birthday, her anniversary, and the baby's anniversary, and he calls me between times, and always says the same thing.

His job involves driving along the Western Ring Road past Sunshine Hospital most days, and he tells me that his instinct is to avert his eyes, because that's where he lost his two darlings, but then he remembers that all the staff who took care of his daughter and grandson, and made the end of their lives so special are inside that hospital, and he can't tear his eyes away.

Hers was a sad story, but an inspiring one, too. Innumerable staff across the hospital went above and beyond for her and her family. They worked hard to make sure that she was comfortable, held their breaths hoping that she would recover, and wept when she did not.

We get to see patients and families through the most personal, intense moments of their lives. We are welcomed in, and offered their stories. And we also get to see some truly astounding acts of compassion, wisdom and care coming from our colleagues across Western Health, which is just one of the reasons why this is the best job in the world.