



Curtin University

# General Practitioners' experiences of bereavement care

**Associate Professor Moira O'Connor, Dr Lauren Breen**



....GPs [are] the **frontline**  
of healthcare in  
Australia....[and] save the  
taxpayer **money**....

*E&OE Transcript, doorstep interview, Ipswich,  
Wednesday, 14 January, 2015*



# Background

- GPs are well-positioned to provide grief support to patients because they are the **frontline**....
- GPs view bereavement care as an important aspect of their role
- The GP is the health professional that many people turn to
- Patients may visit their GP more frequently following bereavement due to increased morbidity
- The role of the GP is twofold;
  - supporting bereaved patients generally
  - and referring to a mental health professional

# The role of the GP

- In several countries GPs play a significant role in referring those who need mental health support
- In Australia, referral is facilitated by the Better Access to Mental Health Care initiative

The GP can refer patients to an allied mental health professional

GPs must see reasonable indicators of mental disorder before they can refer the patient

This system relies on the GPs' knowledge and experience of mental health generally

And GPs' awareness and understanding of grief specifically

# State of play

- GPs have limited education to support the provision of bereavement care
- Analyses of American, British, and Australian medical courses - most presented some information on grief but the information was inadequate
- Access to ongoing professional development is limited
- A UK survey found that only 30% of participants had received education about grief
- The majority of participants felt their education to be insufficient



# Grief

- Current approaches describe grief as unique and multifaceted not linear or ‘staged’
- The dual process model articulates that people who are grieving oscillate between confrontation and avoidance of their loss



# Aim

- Aim: to explore GPs' understandings of bereavement support and their educational and professional development needs in relation to providing bereavement care



# Methodology

- An in-depth qualitative design was adopted
- 19 GPs (12 women and 7 men) living in WA were interviewed
- 14 were based in metropolitan Perth and 5 in rural areas of WA
- Number of years in practice 2 years to 32 years
- Most had over 15 years' experience
- Constant comparison was used to analyse the transcripts





# Findings

- The data revealed four tensions or opposing views:
  - grief as a standardised versus an individualised process
  - intervening versus promoting resilience
  - the GP as a broker of services versus a service provider
  - formal education and professional development versus ‘on-the-job’ experiential learning

# Standardised

*The first couple of weeks you expect most people to be crying, you know, feeling pretty low. I'd also expect most people not wanting to see many people and that might go on for the first couple of months*

*The Kübler-Ross stages is a typical framework that is used to describe grief. It is quite applicable to most of the patients you see in general practice you know they go through the denial stage and then they go through anger and then they go through acceptance*

*I have got one person who I am seeing at the moment who is locked in an acute grief reaction despite the death of her mother being 3 years ago....really what we are trying to avoid*

*So she is still stuck right there and she doesn't want to go out of the house*



# Individualised

*Kübler-Ross describes a pathway and a process but it is not always the way that [she] described it...A lot of people do follow many of the paths [but] some of them have jumped them and some of them have skipped them*

*Well I think first of all to recognise that grief is an individual thing or that people take a different amount of time to go through the process. It's not the same for everyone...*

*I don't make any particular judgment about how long it should take them to get over something*

Mixed in one person:

*So grief, when you think about it takes sort of the classic things is it takes 2 years of that major grieving.....I don't want to generalise because obviously it's not the same for everybody*



# Needing help

*I saw a lady who was 70 and 4 years earlier her husband died of cancer. She nursed him for 2 or 3 years and it was quite a drawn out process. When he died you had the will fighting....and the backstabbing between the family. So her whole bereavement was complicated*

*Individually you never get anywhere. We are not islands and we can't deal with things on our own. I think having the person first tap in with a health professional maybe a GP or the psychologist even it's important rather than trying to deal with it on their own*



# Resilience

*I've not had anybody who has really struggled, well, not to my knowledge. I've not been aware. I mean it doesn't seem to be such a huge issue; people do adapt and get on with it. They come to terms with the loss*

*It's a part of life experience that people deal with and become resilient in the process of doing so but by doing it themselves as well....*

*....a very tight knit community connection....It's almost like insulation. It feels like a great deal of cushioning*



# GP as broker

*I've got a number of clinical psychologists that I like and would refer [to].... almost anyone who had significant grief I would try and refer them because it is such a painful and significant process to get through without help*

*I'd imagine it would be a bit of a team effort so involving psychologists or a psychiatrist if it manifested in terms of anxiety or depression with suicide intent....if someone seemed to be having [a] prolonged grief reaction or if they had suicidal intent. If there was a co-morbid condition like a depression or an anxiety [disorder]*

Difficulties:

*[It is difficult] to comply with all the paperwork to go with mental health plans*

*I guess I'm not really aware of many sort of other resources, other than the resource helplines and private counselling*

*....it is incredibly difficult to know where to refer them to on the whole*

# GP as provider

*I think some GPs are fantastically good at the whole psychological stuff and that would include grief and loss*

*We actually care for the patient in a holistic manner and that includes their emotional, and, social wellbeing, their mental health as well as their physical state. So often grief can present as physical symptomatology and we can encompass all of that together*

*I suppose I try to get them to think positive thoughts. I guess in a way that's kind of like using cognitive behaviour therapy and trying to change their cognition*

*I think they can provide sort of a counsellor or a support for the patient*

# Need for education

*We had a behavioural science unit and there was probably, there may have been one lecture on grief and that's probably all*

*I didn't learn anything about dying or bereavement at university. Oh no! That was off limits!*

*There's huge gaps. We get quite a bit of training in depression and stuff but not understanding the difference between grief reactions and depression...and being able to separate that clinically*





# On-the-job learning

*Most of the stuff I actually learn by applying the principles in terms of the job and getting the feedback from the patient. So in terms of bereavement most of that you will learn on the job by listening openly*

*You have to actually feel it and unless you feel it and cry with the pain you're not learning. You can't learn about death and dying and grief unless you actually feel it first and understand how you feel and then actually empathise with other people*



# Overview

- Tensions – lack of clarity and consistency
- Concrete, staged & linear approaches with a time to ‘move on’ - contrasts with recent approaches
- Education and ongoing professional development needed
- Resilience reflects Public Health model of grief but difficult to know what conclusions are based on
- Education is needed for GPs to find the balance between supporting people going through the natural process of grieving who need limited support and knowing when people need extra support
- Communication to respond appropriately
- Resources needed
- Drawing on own experiences may be detrimental to health of GPs
- Experiential learning built into education and ongoing professional development
- Education at the individual level and addressing barriers to referral needed at the organisational and systemic levels



