

Notifying a death in medicine

Abstract

The notification of death is one of the most difficult tasks for doctors, getting family members to understand the situation and being able to contain their emotions is a skill that is little developed by doctors. In view of this, we propose a communication model of the death of the patient in four steps described by the PHD MD José Félix Saavedra Ramírez, Specialist in Integrated Medicine. Assigned to the Internal Medicine service in a Public Hospital in Mexico City.¹⁻³

Which are described as: 1) Preparation of the interview, 2) Find out how much you know about the condition, 3) Report the event in detail, 4) Freeing the family of emotional charge.

Keywords: death, emotions

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Introduction

The objective of the doctors is to maintain the state of health, with the purpose of prolonging the life and the quality of life of the individual, the family and the community. This objective is achieved by undertaking actions aimed at effectively contributing to the education of the patient and their physical, family and social environment. Developing measures focused on prevention, restitution of health and efficiency of health services, through the use of scientific advances. However, a natural aspect in the cycle of life is the conclusion of this. Where there is the organic impossibility of maintaining the homeostatic process reaching the state defined as biological death. Such an entity is approached differently according to the cultural, ideological or religious context of the relatives. However for the doctor, this fact according to their degree of maturity, translates into a psychological and emotionally complex situation. Since it must communicate this event to people in charge of the already deceased and few are doctors, who are with the skills to communicate it properly. In order to facilitate this task, we describe a practical and dynamic four-step protocol, described by Dr. José Félix Saavedra Ramírez, using the Baile and Buckman model as a reference to communicate bad news.⁴⁻⁸

Because it is difficult to communicate about a death

The protocol described below is a practical four-step procedure to communicate the death of a patient. The doctors Walter F. Baile and Robert Buckman, together with their Oncology team had the idea of applying a protocol to the communication of bad news in Medicine; however this model was modified by the PHD, MD Jose Felix Saavedra Ramirez in an Institution Public of Mexico,⁹ with the purpose of communicating the death of a patient.¹⁰

How to communicate - 4-step model

Step 1: preparation of the interview

It is important to know the clinical record, the progress notes and the tests performed, to confirm the diagnosis. Most patients want to have certain relatives nearby at that time. Ask the patient if he wants to be accompanied by a family member. Sit down and invite the group to sit down. Being seated provides an atmosphere of seriousness and allows hundred percent of attention care of the family member. Start the interview with a greeting introducing yourself.¹¹⁻¹³

Step 2: discover how much you know about the condition

This step is aimed at finding out how much the patient's condition

knows the severity and the possible prognosis.

Begin the interview with a question ¿Do you know what illness your patient has and how severe it is? Clarify doubts about the disease.^{14,15}

Step 3: report the event in detail

Use a simple and appropriate language at the intellectual and cultural level of the patient. Before citing the final event, it is convenient to use an introductory phrase such as: "I am afraid that your evolution is not what we expected". What will help the family to prepare for the blow and alleviate the emotional impact of the bad news? Avoid using technical terminology, euphemisms or medical jargon, Supply the information in small portions to allow time for the recipient to assimilate them. Leave pauses between phrases to allow the emotions of the patient and family to flow. << Indicate that all possible efforts and maneuvers were carried out according to the existence or not of the order not to resuscitate, duly recorded in the clinical file >>

Step 4: freeing the family of emotional charge

<< This step constitutes the core point in the communication with the family member since it will reduce their emotional load >> The phrase for more efforts that were made the body did not resist, I want to thank you for all the efforts of you and the family, because by bringing him you fulfilled what belonged. We, for the medical part did everything that was within our reach according to the existing medical and technological knowledge.

Close with these words. For more efforts of yours and ours, your body no longer resisted.

Conclusion

Although every doctor in clinical practice at least a couple of times has had to tell a relative about the death of a patient, there are few medical currents that instruct the doctor to give this bad news. That is why with this series of four steps, described above. The doctor has a tool, human and simple to communicate about the death of a patient, achieving a fair means between simplicity and effectiveness. Without falling into paternalism or coldness in communication.

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Conflict of interest

The author declares that there is no conflict of interest.

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