

2.3.3 Informing Families of a Patient's Death

Informing a patient's family that the patient has died is a duty that is fundamental to the patient-physician relationship. When communicating this event, physicians should give foremost attention to the family's emotional needs and the integrity of the patient-physician relationship.

The following guidelines apply to communicating news of a patient's death:

- (a) Any physician informing a patient's family about the patient's death has a responsibility to:
 - (i) communicate this information compassionately;
 - (ii) disclose the death in a timely manner.
- (b) Ordinarily, the treating physician should take responsibility for informing the family. However, it may be appropriate to delegate the task of informing the family to another physician if the other physician has a previous close personal relationship with the patient or family and the appropriate skill.
- (c) Medical students should not be asked to inform family members of a patient's death. Medical students should be trained in communication skills relating to death and dying, and should be encouraged to accompany attending physicians when news of a patient's death is conveyed to family members.

AMA Principles of Medical Ethics: I,IV

Background report(s):

CEJA Report 3-A-16 Modernized *Code of Medical Ethics*

CEJA Report B-I-89 Informing families of a patient's death: guidelines for the involvement of medical students

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Informing Families of a Patient's Death: Guidelines for the Involvement of Medical Students

INTRODUCTION

The death of a patient is likely to evoke a profound emotional response not only among the family and friends of the patient, but also among the medical professionals involved in the patient's care. The emotional stress and anxiety experienced by health care providers at the time of a patient's death may be particularly acute for those who have had limited experience with dying patients or who seldom have had to inform family members of a patient's death. The results of a survey in one state suggest that the emotional difficulty experienced by physicians in notifying the family of a patient's death is inversely proportional to the number of deaths that have occurred in the physician's practice.

These considerations seem to suggest that medical students may have particular difficulty not only resolving the personal fears and uncertainties that tend to arise at the time of a patient's death, but also approaching the family and friends of the deceased individual. The Council on Ethical and Judicial Affairs therefore has been asked to study the appropriate role of medical students in informing family members of a patient's death.

THE ROLE OF THE PHYSICIAN AT THE TIME OF PATIENT DEATH

Physicians play a crucial role in the events surrounding patient death. First, it is the physician who must officially determine, in accordance with accepted criteria, that death has occurred. In most states, death is defined as either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem. Official pronouncements of death can be made only by those licensed to do so.

After death has been pronounced, the family generally is assembled in an appropriate setting and notified that the patient has died. Physicians generally concur that the attending physician is responsible for conveying the news of a patient's death to the family. Findings from a survey that addressed physician attitudes toward patient death seem to support this conclusion. Data from the survey revealed that 90% of responding physicians believed that, when a hospitalized patient dies, the attending physician is responsible for notifying the family. If the primary physician is not available at the time of the patient's death, 90% of respondents believed that notification of the family is the responsibility of the on-call physician. All respondents in the survey believed that, when a patient dies during a surgical procedure, the attending surgeon is responsible for informing the family of the death. It is generally expected that the attending physician will be available to the family not only to provide emotional support, but also to answer questions regarding the patient's medical treatment or the events surrounding the patient's death.

The role of the physician also encompasses a variety of administrative activities, as well as requests for postmortem examinations and organ donation, when appropriate.

METHODS OF NOTIFYING FAMILY MEMBERS THAT A PATIENT HAS DIED

Physicians have employed a varied of means to inform family members that a patient has died. The approach that is chosen seems to relate primarily to whether the patient's death was anticipated or unexpected. Two studies in this area independently have found that, when a

patient's death was not anticipated by the family, most physicians prefer to inform members of the family by telephone that the patient has become critically ill. The family then is asked to come immediately to the hospital, where an announcement of death is made in person by the physician. When the patient's death is anticipated, however, physicians generally prefer to make the announcement to the family by telephone.

These approaches to conveying information about a patient's death seem to coincide with the preferences of family members. A public opinion poll, commissioned as part of a larger study, revealed that 64% of respondents would prefer to be notified by telephone only that a patient is critically ill if death had not been expected. However, the majority of respondents (79%) expressed a preference for notification by telephone if the death of the patient was anticipated.

EDUCATION ABOUT DEATH AND DYING

Despite the complexity of issues surrounding communications about death, most physicians seem to believe that, during their medical training, instruction on how to communicate death and other traumatic news was inadequately provided by educators. The findings from one study indicated that only 30% of physician respondents received medical training that helped them to deal with death and the dying patient. Despite this perceived deficiency, 96% of the physicians who responded to another survey believed that physicians-in-training need specific education and instruction on how to best inform family members that a patient has died.

THE ROLE OF MEDICAL STUDENTS IN CONVEYING INFORMATION ABOUT A PATIENT'S DEATH

The foregoing considerations suggest that specific training and experience provide invaluable assistance to physicians who must communicate information about a patient's death to members of the patient's family. Medical students therefore should be provided with appropriate training in issues related to death and dying. As one component of such training, students should be encouraged to accompany attending physicians when news of a patient's death is conveyed to family members. Students then should be afforded the opportunity to openly discuss the experience with the attending physician, as well as with others who provide emotional support to the family. However, it would not be appropriate for the attending physician to request that a medical student notify family members of a patient's death. The communication of such information goes to the very heart of the physician-patient relationship and, as such, is a solemn duty that ought not be readily delegated by the attending physician.

As part of their clinical training, however, housestaff may be asked to participate in the communication of information about a patient's death. Such participation must be commensurate with the physician's prior training and experience and, as with other components of clinical training, must be appropriately supervised until the physician has demonstrated his or her ability to perform the task independently. Even housestaff who are appropriately trained may not be asked, as a mere convenience to a senior physician, to notify family members of a patient's death. The emotional needs of the family and the integrity of the physician-patient relationship must at all times be given foremost consideration.

REFERENCES

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2. Uniform Determination of Death Act..3. Viswanathan R. Clark JJ, and Viswanathan K: Physicians' and the Public's Attitudes on Communication About Death. *Arch Intern Med.* 1986; 146:2029-2033.