Death in the operating theatre

Dr Pat Nicholson
School of Health Sciences
The University of Melbourne

Overview

- Concept of death
- Factors influencing reactions to death
- Death in the OR
- Support for staff in the OR
- Self awareness

Death Imitates Life

Two of the attributes that all humans share are the experiences of birth and the fact that everyone will eventually die

Conceptions of Death

- Unitary view of death or death experience – problematic to even define what is meant by death
- Death is ‘the act of dying: the end of life; the total and permanent cessation of all vital functions of animal or plant’

Death in the OR

Death rarely happens in the OR therefore many nurses do not develop emotional tools required to cope with the situation

- Nurses need time to recover physiologically and psychologically from sudden patient death (Becker, 1986)

Death in the OR

- Death in the OR can have considerable psychological and professional consequences for the staff involved
- Literature is sparse about the experience of caring for the dying patient in the OR
  - Emotional experience of the staff
  - Increased risk of burnout and psychiatric disorders
  - Little is known about the impact on patient care
Death in the OR

“When there is a death in the OR, all personnel involved in the surgical procedure commonly react with an overwhelming sense of failure and sadness” (Kawamoto, 1992), 1541.

Focus of training in anaesthesia is concerned with the avoidance of disasters rather than the management of their aftermath” (Gazoni, Durieux & Wells, 2008, p. 591).

Review of survey investigating physicians attitudes towards perioperative death

- ‘Emotionally powerful’ despite limited contact with the patient (57%)
- Very disturbing...
- Questioned their competence
- ‘...I wonder if I should have done more’ ‘did I miss something’ ‘...if I had been luckier’
- View death of their patient as a failure
- Impact of perceived workload and sleeping pattern
- Further support in dealing with death viewed as being important (100%)

Review of survey investigating nurses attitudes towards perioperative death

- Anger and resentment
  - ‘How could he die after we've worked so hard’
- Denial, shock, guilt and failure
  - ‘what went wrong’
- Fear of liability
  - ‘what went wrong’ ‘who is to blame’
- Emotional withdrawal
  - ‘is it worth it?’
- Physical symptoms
  - Accelerated pace at work

Review of survey investigating physicians attitudes towards perioperative death

Subsequent to an intraoperative death, the surgeon and perhaps the entire OR team should avoid elective surgery that day

Royal College of Surgeons (Edinburgh) (2001). Guidelines to dealing with death in the OR

Types of Death

- Unexpected
- Birth related
- Traumatic
- Illness related
- Expected
- Sudden
- Gradual deterioration
Reaction to Death

- Experiences of death
- Family
- Culture
- Religion
- Gender
- Age
- Relationship with the person dying / dead

Factors contributing to increased complicated mourning

- Death related factors
  - Sudden
  - Unexpected death
  - Death from an overly lengthy illness
  - Death of a child
  - Mourner’s perception of the death as preventable

Death Anxiety

- Most humans do not willingly welcome the idea of their own / loved one’s death
- Most common reaction to the thought of dying is FEAR
- The fear of death is a major motivator of all behaviour

Bereavement vs Trauma

- Bereavement involves reclaiming meaning in one’s life
  - Relationship experienced with deceased
  - Extremity of events
- Trauma defined in relation to extremity of event
  - May include death
  - Involves obsessive review of events
  - Reliving significant events

Dealing with Death

- Dealing with death problems are encountered during the grieving process
- Phenomenon not widely recognized - professionals & volunteers experience grief response
- Death may be sudden & unexpected, traumatic
  - Coping ability is diminished
- Response to death must be acknowledged

Traumatic grief

- Traumatic event
  - Personal experience of drastic, horrendous, unpleasant, shocking events
    - Disordered symptomatology occurs
    - Not universal & normal part of life

“Following exposure to an extremely traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury” (Stroebe, Schut & Finkenauer, 2001)
**Perioperative nurses experience of sudden unexpected OR death** (Onstott, 1998, p. 831)

- **CARES**
  - Control
  - Anger
  - Review procedures
  - Expect time to heal
  - Scarcity of knowledge and time

**For the staff involved**

- Common feelings include reliving the event, shock, restlessness, a sense of doom and gloom, anger, fear and guilt.
- Physical effects may also be experienced
- Accidents happen more frequently after severe stress, especially at home or on the road
- Get support from a senior colleague or mentor and arrange regular meetings
- Talk about the event with your colleagues and relatives.
- Try not to isolate yourself
- Don’t smoke or drink too much or self medicate.
- Give yourself time to recover
- You may want to ask for help (Gazoni, Duriez & Wells, 2008)

**BICEPS Model** (Onstott, 1998, p. 831)

- **Brevity**
- **Immediacy**
- **Centrality**
- **Expectancy**
- **Proximity**
- **Simplicity**

**Education Model** (Onstott, 1998, p. 831)

- Remain calm
- Evaluate family members, emotional state
- Review family members, emotional state
- Information giving—keep the family members up to date
- Communication with family members, emotional state
- Emotional—seek and give support, care of self

**Death in the OR**

“...is always unpleasant. Yet this hazard never be eliminated from our specialty, nor even minimized as long as seriously ill patients must be anesthetized and hazardous operations are undertaken. .....it is human nature to banish from our minds the memory .....once a death has occurred it is only through complete, frank and intelligent discussion amongst all person involved that the …cause can be determined …...and then strive to prevent a duplication of the tragedy” (Domettie & Orth, 1956, p. 545)

**What the department should do**

- Colleagues should listen to the individual involved and encourage him/her to talk
- Refraining from being judgmental
- Keep all conversations confidential
- An experienced and sympathetic senior colleague should be assigned to act as mentor & support
- Members of the department may have to take over the staff duties for a period of time
- At a later date, a departmental Morbidity and Mortality meeting may be useful to inform and learn lessons from the event
**Health professionals caring for the dying patient**

- As human beings the normal response is to make it better or fix it
- We think we are indispensable
- We are tough
- It is not OK in the workplace to show emotions or vulnerabilities

**Self Awareness**

- Personal values, beliefs and prejudices
- Personal reactions to failure and success
- The need to be in control of a situation
- Personal reactions to illness, death and our own mortality and grief
- Reactions to hostility or criticism
- Personal ways of dealing with crisis

**Believe it or not?**

- Listening intently takes energy and concentration
- Hearing the pain of someone else’s grief takes a toll on resources
- This experience may similar to one you have experienced in the past

**Caring for Yourself**

- Consider what your stress signs are
- Recognise and act on signs of stress
- Recognise your strengths
- Learn how and when to say ‘NO’
- Be aware of your boundaries
- Have someone you can talk to - partner, supervisor, friend
- Learn and create some special time to nurture yourself - walk, write, music, art, physical activity, time alone and away from others

**Team Support**

- Getting to know the strengths and weaknesses within the team
- Knowing what makes you/team members stressed and recognise the signs
- Find ways to acknowledge one another’s strengths - being part of a team.
- Accessing professional development
- Debriefing and getting support from others.
- Setting and adhering to your own personal and professional boundaries

**Supporting Self**

“Protecting ourselves from loss rather than grieving and healing our losses is one of the major causes of burnout……..

We burn out not because we don’t care but because we don’t grieve.”

(Rachel Naomi Remen, 1996 - Kitchen Table Wisdom)