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BEREAVEMENT

INTRODUCTION

Over half a million people die in the UK each year, and on average, each GP will have 20 patients who die annually. Our population is ageing with more people living alone as the result of the death of a partner. It is estimated that 45% of women and 15% of men over the age of 65 years are widowed. However, many people can suffer bereavement before they reach retirement age, and this can cause significant distress and illness.

Bereavement is associated with increased morbidity and mortality especially in high risk groups such as those experiencing “traumatic grief”, older people, and those who are socially isolated. Many patients have sufficient resources to enable them to adapt to this major life transition with little support needed from health professionals. However, there is a significant minority for whom bereavement can be a very difficult process, and these patients may benefit from professional help.

Certain bereavement situations are especially challenging to primary care clinicians. Examples include the sudden death of a patient, death by suicide and the death of children and unborn babies. GPs and community nurses view bereavement care as an important and satisfying part of their work, although one for which they have received little training.¹ Clinicians need to be aware of cultural, faith and spiritual issues relating to death and bereavement, and that good communication skills are key to maintaining good relationships with patients who are bereaved.

Due to constraints on size not everything can be covered in this module. Where possible we have tried to provide practical information that can be applied to a range of situations, but also more specific information for certain bereavement scenarios. There is a summary of useful resources at the end of the module. The completion of the Medical Certificate of Cause of Death (MCCD), and dealing with the Procurator Fiscal about suspicious deaths are not covered in this module.