6. GUIDELINES FOR BEREAVEMENT SERVICES IN PALLIATIVE CARE

6.1 GENERAL PRINCIPLES

- Bereavement may be defined as: “the situation of anyone who has lost a person close to them through death.”

- Grief is now recognised to be much more than a psychological process. It is multi-dimensional and diverse in its expression. Grief has psychological, emotional, physical, spiritual, economic, behavioural and social dimensions. The expression of grief is influenced by culture and ethnicity.

- Grief is a normal response to human loss. The majority of people have sufficient internal and external resources to manage their grief. However, some might find it too difficult or traumatic without additional support.

- Although grief is normal, it may be associated with anxiety and depression for a substantial minority of bereaved people. Early identification of individuals at risk is important.

- Approximately 5-33% of people will develop complicated grief. Many other people will experience great distress over a lengthy period and over 33% will have symptoms of anxiety and depression.

- Providing information about grief and how to access resources of help promotes resilience.

- Factors that influence the course of grief include: The degree of distress associated with the illness and death. The personality of the bereaved person. The coping style of the bereaved person and their relationship with the deceased. The quality of social support available.

- Estimates of the need for additional support vary. About 33% of bereaved people may benefit from support and 5-10% will need therapeutic interventions from health care professionals.

- Types of intervention include: written information, one-to-one supportive or therapeutic counselling, telephone counselling, befriending, referral to professionals, social and therapeutic groups, drop in events and remembrance services.

6.2 GUIDELINES

- Figure 6.1 gives a suggested model for bereavement care.

- The initial contact regarding bereavement support should be made by the clinical team involved in caring for the dying patient. [Level 4]

- All bereaved families / carers, independent of where the bereavement occurs, should receive an information booklet about bereavement and the services that are available locally and nationally for bereaved adults and children. This may include details of appropriate websites. [Level 4]
When a family is well-known to palliative care services, the need for additional bereavement support may be assessed by looking at associated risk factors and the multidisciplinary team’s knowledge of the family pre-bereavement. 7, 10 [Level 4]
Independent of initial contact following a bereavement, written contact regarding bereavement support should be made at around eight weeks after the death unless the family / carer clearly state they do not wish to be contacted. ¹ [Level 4]

Health professionals involved in bereavement support should receive adequate education and supervision to ensure they provide an effective service. ³ [Level 4]

The use of bereavement pathways / flowcharts should be encouraged (see Figure 6.1). ² [Level 4]

Clinical teams providing bereavement support should clearly outline the remit of the services they provide. ³ [Level 4]

All services should have adequate documentation of service provision and feedback from service users should be encouraged. ³ [Level 4]

If required, bereaved relatives / carers should be referred on to an appropriate specialist bereavement service. ², ³ [Level 4]

Memorial services have been shown to be useful in a hospice setting. ¹ [Level 4]

### 6.3 STANDARDS

1. All families / carers should receive an information booklet about bereavement and the support available within 72 hours of the bereavement. ² [Grade D]

2. Families / carers should be made aware that written contact will be made and given the opportunity to decline this service. ¹, ² [Grade D]

3. Proactive or outreach offers of bereavement support should be made 8 weeks after bereavement. ² [Grade D]

4. Bereaved relatives / carers should be referred on to an appropriate specialist bereavement service where appropriate. ², ³ [Grade D]

5. Each organisation involved in bereavement support should ensure that providers are adequately trained and supervised. ¹ [Grade D]

### 6.4 REFERENCES


6.5 CONTRIBUTORS

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