



Mastering Bereavement, An Art for Medicos to learn



Author: Mr Sohan Paikray

11th YR MBBS Student (2020 Batch),

All India Institute of Medical

Sciences, Raipur (Chhattisgarh)

“**B**e it the flame of the valiant flame embracing the wooden crematory bed which shimmers in the beholder’s eyes or the petals of white lilies showering onto the gravestone, myriad of bowed heads and tears rolling down the cheeks. This array of arrangements is made to welcome the most unwelcome guest on this land, which is inevitable and invincible, probably the most emotional but unfortunately the last episode of the drama staged on the script of human life – Death. An ordinary human mourns over the loss of his/her near and dear ones generally once in a decade or so and at the same time is also excused by the society for quite a time to recollect himself/herself and head ahead in life. Sadly, the grief of death has a unique romance with many professionals who serve in specific fields of medical sciences cause the frequency of dating such suffering is high. To add to that, everyone around them expects them to take a gigantic leap and cross the seven stages of grief as fast as they can only to be shattered again. This has worsened in the present times especially looking back at the havoc

caused by the pandemic, which has been following this human race as a shadow for the last two years. The dreadful sight of bodies wrapped in white sheets being loaded and unloaded from vans in numbers that the fingers of yours shall fail to count! Those bodies are unknown to you, and still, this imagination is capable enough to knock out your mental peace for days to follow, then just lament at the nightmares that the health care professionals must be witnessing who with the best of their abilities rendered service to all those beings that now lay dull and motionless. It requires a solid psychic core and control over the emotions to handle grief’s most difficult human emotion. Realizing the gravity of the situation, the training of the medicos to handle the suffering of one’s patient loss is a subject of concern that needs to be addressed.

Surveys and studies from the western world suggest that this has been one of the most common and traumatizing etiologies of disturbed mental health of healthcare professionals and trainees. Yet, unfortunately, it has also been the issue that has been in the spotlight for the least amount of time. Interviews of a panel of oncologists justify the grave situation. They reported feelings of failure, self-doubt, sadness, and powerlessness as part of their grief experience. Many talked about feelings of guilt, loss of sleep, and crying. Many don’t express their grief and confine it to themselves because they consider it unprofessional to break down before their patients. When a doctor loses a patient, it creates a hurricane of emotions and a million thoughts in the mind that also refrain him/her from delivering their best in the subsequent consultations. Slowly, the sense of inattentiveness, impatience,

irritability, emotional exhaustion, and burnout starts percolating into their character, and obviously, these are not acceptable norms in this noble profession of medicine. Therefore, many of them either avoid such patients or a few, unfortunately, stop practicing altogether.

Are we clueless about the solution? No, not! In this battle, the pseudo-guilt or the self-blame game has to be challenged and defeated. The best doctors can do to try, but at the end of the day, they are humans too, and some things are beyond the might of this race of homo sapiens. This harsh truth needs to be digested by both societies and doctors. It's important to highlight that empathize with the patients and their dear ones; that's medical ethics but remember not to identify yourself with them; that's the fine line. When you cross this, you also lose your ability to impart unbiased medical services. There are several ways doctors get relief from this whirlpool of pain and grief, and some open up by speaking it out to their colleagues; some write it down, some shed tears with the patient's dear ones, some revisit their good memories of practice.

Most importantly, everyone who has managed to escape it has allowed themselves to revive by accepting and opening rather than burying their thoughts somewhere in their subconsciousness. There is a need to spread awareness about this among the young medicos by imparting them lessons on handling end of life care and dealing with the grief of death that ensues. In simpler words, they need to be assured that sometimes it is okay to be not to be okay. They need to give themselves one more chance every time because who knows, with this chance, they might be giving back lives to a million out there crying out of pain and despair. As the eminent American pediatric surgeon Siegel B admonishes,

“Please, fellow physicians, don’t cry in empty rooms, on stairwells, or in locker rooms—cry in public and let the patients and staff heal you and see you are human too.”