

Submission Id: 5616

Title

The Role of General Practice in Bereavement Care after Death in the Acute Setting: a scoping review and model

Priority 1 (Research Category)

Palliative and end-of-life care

Presenters

Chloe Gamlin

Abstract

Context and Setting (including population studied)

Every GP in the UK can expect an average of 20 patient deaths per year. Some studies report up to 72% of the adult population will have lost a loved one in the last five years. In short, bereavement will come to us all. UK general practice is well placed to offer care for bereaved patients in the community. Increasingly, patients spend their final moments in an acute hospital setting. It is well documented both in practice and the literature that an unexpected death, including in hospital, is a risk factor for developing complex or prolonged grief. For these patients in particular, their GP has the potential to intervene through effective and long-lasting bereavement support, yet provision can be patchy, leading to unmet care needs.

Objectives & Study Design

This scoping review explores the current role for UK general practice and suggests a model to optimise bereavement care in the community. Work was conducted according to the Arksey & O'Malley framework for a scoping review. MEDLINE and EMBASE were searched extensively to identify relevant studies. There were no predetermined exclusion criteria, in keeping with an exploratory study. A total of 23 articles dating from 1998-2022 were included, from a variety of healthcare settings.

Outcome Measures & Results

Analysis of the literature suggests a tripartite role for primary care in bereavement support, particularly in the case of an unexpected death in the acute setting. The first area to address is a robust method to identify affected patients within a practice population, such that they could then be offered relevant care. The bereavement support offered by general practice can then be split into conversations had 'in-

house' whereby a therapeutic relationship is fostered, and the role of the GP as a 'broker' to facilitate access to other organisations for further, perhaps non-medical support. This can be summarised via a novel 'Triple Forte' model for bereavement care: Find, Foster, Facilitate.

Conclusions

Each arm of the Triple Forte model has potential for further research. A key area of focus is identifying patients at high risk for complex grief who would benefit from early intervention. Additionally, there is much work to do to understand the community and/or cultural bereavement support available outside of the healthcare setting and across the socio-economic spectrum, often provided by non-medical and third sector organisations.