ANZCA
FPM

Content warning:

This document contains content about suicide.

Guidance on the management of a suicide or unexpected death within an anaesthesia or pain service

Dr Liz Crowe, author

Dr Crowe has decades of experience providing an acute emergency response to organisations who have suffered a tragedy or traumatic event and need assistance navigating communication and a compassionate response to their staff. She has worked with ANZCA since 2021 developing the highly successful critical incident debriefing toolkit and eModule.

Australian and New Zealand College of Anaesthetists
& Faculty of Pain Medicine

Introduction

THE COMPLEXITY AND GRIEF OF SUICIDE IN A WORKPLACE

One in five working-age adults is actively grieving for a loved one while having to still complete the tasks of work.

(Wilson et al, 2018)

Although this document focuses on death by suicide, many of the principles will also apply to unexpected deaths by other causes. The death of a colleague, under any circumstance, will be in addition to what many employees are already managing in their lives. There is strong consensus that death by suicide, is unique from other forms of death, and has different implications for families and colleagues. Death by suicide does not allow any time for goodbyes and often creates complex emotions (guilt, regret, devastation, shame and anger).

Death by suicide creates a crisis of unanswered questions and fear of responsibility for not being able to intervene or doing more to help or potentially prevent the suicide (Standby®, 2020). For those close to the individual who has died, suicide grief is identified as a traumatic grief.

Death by suicide requires a team response including leadership, supervisors of training (SOTs), colleagues, people with expertise in complex loss and grief, and human resources. A clear plan for response should be established as quickly as possible to help people navigate the immediate crisis for staff.

Grief is a normal and natural experience in response to loss and will be experienced differently among individuals (Murray, 2015). Bereavement under any circumstances is consuming and has been described as a "part-time job of itself" (Feintzeig, 2022).

Bereavement at work can impair cognitive functioning, mental flexibility, concentration, sensitivity and reactivity (Shulman, 2018). There is no normal timeline for grief (Bonanno, 2009). We live in a society that can create a 'hierarchy' of loss determining who can grieve and for how long, it can be hard for people to know the *legitimacy* of their grief with the death of a colleague (Bergeron (2023). How or why someone does or does not grieve the death of a colleague is a personal journey to navigate. Paradoxically, grief remains poorly understood even among health professionals. Many staff continue to subscribe to Kubler-Ross's *Stages of Grief* which assumes that grief is linear. While Kubler-Ross greatly contributed to the field of grief, the five stages have no empirical or scientific basis and can make individuals feel they are grieving poorly (Stroebe et al 2017).

Grief is very individual and is something that needs to be integrated into lives and departmental experiences. Grief is not something that heals or needs a brief period of recovery. Grief often changes the way we see the world. Co-workers may experience *disenfranchised* grief (an unrecognised grief). If colleagues had a close relationship at work that did not translate into their personal lives, it can be challenging to describe why the loss is so impactful. It is not for others to judge the quality or meaning of relationships for others.

Assess the workforce carefully and ask staff to self-identify who is most impacted and who feels they have the emotional capacity to cover rosters and work safely.

TERMINOLOGY

It is critically important to ensure that the correct terminology is used following a death by suicide in all spoken and written language.

Problematic language	Preferred language
Successful suicide	Died by suicide
Committed suicide	Took their own life
Suicide epidemic	Increased rates of suicide
Gratuitous use of the term "suicide" e.g. "political suicide" "suicide mission"	

Suicide Postvention:
Postvention refers to all interventions conducted following a death by suicide to minimise the negative consequences and support all individuals who have been impacted (adapted from STANDBY – Support after Suicide® Workplace Toolkit, 2020).

Workplace considerations

DEVELOPING A PLAN

- Confirming the death. Do not act until you know with certainty the person is deceased.
- Immediately pull the leadership team together (anaesthesia and the broader hospital if necessary).
- Designate a person to talk to the family and confirm what information they consent to be shared.
- List who needs to be communicated with, and the timeline. For example, people in the department starting with close friends, the wider department, then theatre nurses, surgical colleagues and others.
- How communication will occur.
- Organise getting the department together.
- Cancel any non-urgent demands so that staff can be together.
- Organise internal and external supports.
- Contact HR and Payroll.

MANAGING CONFIDENTIALITY

Before sharing the news of the death, it is important to have clarity from the family as to what they want to be said. The family "owns" this information unless the death by suicide has occurred on the hospital campus and several staff were exposed to the scene.

Seek consent from the family to share the news with the team.

Heads of department should be mindful that when announcing the death of a colleague by suicide, you must not share or publish details of the method or circumstances of the death, as doing so may breach New Zealand law under the Coroners Act 2006. These restrictions apply even before a coroner has made formal findings, and leaders should also be aware that a well-intentioned internal email or message may later be shared publicly or posted online, so care should be taken with wording, tone, and privacy.

LEADERSHIP AVAILABILITY

Heavy and immediate demands on leadership and senior members of staff in the first week or fortnight will be taxing. Clear space in the work diary to create time and space to respond to the crisis and be available to staff. Cancel non-urgent tasks and delegate anything that requires organisational representation.

If the director of a department did not have a strong relationship with the person who has died and there is another leader who would be more appropriate, delegate to this person. If the director of the department is the most appropriate person to lead this support, delegate other tasks to free their availability.

Leadership teams should also be aware of, and in touch with their Work, Health and Safety teams within their hospital.

COMMUNICATION WITH COLLEAGUES

Communicate the death of the staff member as soon as possible. Please remember to include administration staff, cleaners and all employees in this communication.

If the person's family is openly talking about the suicide, including how they died, and they consent to sharing the information, it is important to relay this honestly with staff.

If the family state they do not want to share that the death occurred by suicide then the workplace needs to articulate this, for example, the person has died "*suddenly and there are no suspicious circumstances surrounding the death. The family is requesting privacy around this*".

Ask the staff to cooperate and be respectful of the family by not spreading unconfirmed information about the deceased or explicit details about the death. Be very clear that no information about the death should be shared on social media. Nothing about the method or location of the suicide should be shared in verbal or written communication to staff. Do not assume blame or causation or attempt to simplify what has occurred (Standby®, 2020).

First contact those staff who had a personal connection to the individual who has died. This may include staff who had a direct working relationship or reported directly to the individual or had a long working relationship. To the staff that had a strong personal relationship, try to speak with them face to face or contact them by phone.

There is no simple answer as to how to communicate this information to the rest of the department. A text message to someone driving the car or in the middle of the grocery store can be devastating and dangerous. Others report receiving an email about the death of a colleague as insensitive and impersonal. If a text message is sent make it very compassionate and minimalist. Unless unavoidable, do not put the notice of the death in the message, rather request the person ring a contact person in the department. Start with words to the effect "*Dear X, the department has received some very sad news. Please phone X for us to talk with you*". Be mindful of closely connected employees who may be on maternity leave, annual leave or sick leave who also need to be informed. Think also of those staff who are on night duty and may also need to be urgently informed. Leaving them the text to call into the department will also be important.

Due to the size of the department and the fact that many staff, despite being requested not to, may still share the information, sometimes a mass communication via email is unavoidable.

Have in the title of the email something to the effect "*Tragic news for our Team/Department/Organisation*".

Start the correspondence with words to the effect of "*It is with great personal sadness that we share the news of the sudden death of our friend and colleague XX*." Describe the details of their employment "*X has been part of our work family/community since XX. They have contributed by XX. They will be remembered for their XX. They are survived by their family and friends, and we especially remember <partner/ parents/ children>*", etc.

Ask people to share this news respectfully and to prioritise the needs of the family at all times. Request staff not to share the information broadly as the family are still contacting friends. Within this communication create an immediate time to bring the staff together and include details of the hospital support services.

Communication outside of the organisation may also be important if the deceased person had regular contact with other key stakeholders, universities or government departments. Take some time to work through who else may need to be safely informed.

CREATE A SPACE FOR STAFF TO BE TOGETHER

Create a space (preferably on the same day) for staff to come together and grieve, be in shock, provide support to one another. This should be very informal.

For example, "We are inviting people to come together and share this loss today at 2pm. Afternoon tea will be provided."

At this event a compassionate leader is encouraged to say a few simple words (nothing more than a few minutes). This encourages open communication and sharing of grief and may create a sense of community and a safe pathway to surviving this tragedy. If death by suicide can be openly discussed in this forum, then whoever speaks should reinforce that suicide is a very complex act and there will be a range of contributing factors, many which the group will never understand. Conveying facts openly (ensuring stated wishes from the family) can assist in reducing gossip, blame, speculation and miscommunication.

Collective grief can be a powerful tool for resilience and assurance particularly if the death by suicide is unexpected.

Let the staff know that funeral details will be shared immediately when they are available.

If the family decide to have a private service, the organisation may need to organise their own short service of remembrance.

A DESIGNATED FAMILY LIAISON

If anyone in the organisation had a close relationship with the family of the deceased person, they would be ideally placed to become the designated point of contact. Check if this person is comfortable to have this role and offer them consistent support as this role can be very emotionally heavy, particularly if they are coping with their own grief. If there is no established relationship with the family, choose the most compassionate and sensitive person in leadership to adopt this role. This person should be available by phone to the family for the immediate future.

This person needs to understand the family's wishes and consent around information and how much they want to share their grief with the workplace. It can be very distressing to the workplace if family members choose to have a private funeral, however, this is their choice, and all wishes must be respected.

The designated family liaison needs to immediately:

- Express their sincere condolences to the family.
- Gently understand what the family do and do not consent to being disclosed to the wider work community.
- Understand if the family consents to being contacted independently by other work colleagues.

IMMEDIATE SUPPORT OF COLLEAGUES

Provide several clear pathways for support. Within these pathways remain sensitive to cultural requirements and protocols. It should be normalised that many people will want to talk about this event and be together. Be mindful and convey that most people will recover from this tragedy without requiring any formal intervention. However, if staff want formal support ensure they clearly know how to access resources.

Informal support:

Encourage ongoing informal support among colleagues. Encourage more deliberate times to stop and share lunch or morning tea in the immediate days to weeks following the death. Recognise the death at any opportunity the organisation must come together, for example departmental meetings. Have several senior members of staff have an open-door policy to respond to those people who become distressed in the workplace.

Formal support:

- If the organisation has a staff wellbeing person, a staff psychologist or peer responders use these resources and promote them internally.
- If the organisation can bring in a mental health specialist/employee assistance program (EAP) person specifically to support the staff then this should be operationalised.
- Ensure staff are aware of the Employment Assistance Program. Ensure that clear details of how to contact EAP are signposted in several locations.
- Encourage self-care.
- Remind staff of leave entitlements.
- Remind staff to access and use their existing supports – their own family and friends, a visit to their GP.

Funeral arrangements can create a new wave of grief for the organisation. As a staff group decide how the organisation will be represented – flowers, bequeaths, and personal representation.

CONTACTING ANZCA

ANZCA is able to provide assistance in the following ways:

- Arrange rapid response telephone support (generally within two hours) with the doctors' support service, Converge International.
- Facilitate in-person rapid response support within 24 hours in your hospital setting. This will be tailored to your needs and requests and run by Converge International.
- Liaise with health services/practitioners to provide specific support in an immediate or longer-term basis.
- Manage interactions with the college, that is, one point of contact to facilitate operational support/actions between business units, for example, Education, Fellowship Affairs, Communications.

- Ensure all college communication to the deceased is immediately stopped. Any annual subscription or training fees will be reimbursed.
- Trainee exam support – For any trainees impacted by an unexpected death:
  - Option to withdraw from their upcoming exam, without penalty.
  - Option to defer to the next sitting.
  - Trainees seeking to discuss these options should contact the college via primaryexam@anzca.edu.au or finalexam@anzca.edu.au.

You can expect confidentiality to be maintained when liaising with the college. Please contact the college via the main telephone number, +61 (03) 9510 6299, and where relevant, ask for the following people:

- Executive Director, Fellowship Affairs or Operations Manager, Fellowship Affairs
- Executive Director, Education and Research or Manager, Anaesthetic Training Program

Resources available to you that may be of assistance include:

ANZCA's Doctors' Support Program

ANZCA Critical Incident Debriefing Toolkit

Wellbeing Library Guide

THE AFTERMATH: WAYS TO REMEMBER AND HONOUR A COLLEAGUE WHO HAS DIED

For many families and friends, their loved ones' work life is often a mystery. One of the ways that work colleagues can express their own grief and comfort the deceased person's loved ones is to create a book of work memories. Buy a beautiful book and encourage work colleagues to print and paste in a photo of the deceased person and write a paragraph or two on what they remember or loved about working with this person. This book can be presented to the family in the weeks following the funeral. The family can either be invited into the organisation, or someone can deliver it to the family on behalf of work colleagues.

The organisation may decide to create a plaque, a seat, a garden, a bench, or a coffee machine as a way of remembering the deceased person. These symbols assist in keeping the person's memory and legacy a part of the department.

Memorial awards, bursaries or donations may also be established as a way of remembering a valued staff member.

If the family decide to have a private service, the organisation may need to organise their own short service of remembrance. Set a small committee to organise what a remembrance service may involve – timing, location, who will speak, and if the family will be invited.

DEBRIEF AND SELF-CARE OF LEADERSHIP

The leadership team will be working hard during this crisis, sometimes while coping with their own grief. The leadership team should aim to meet each day, debrief what has happened, review how everything is going, share information, improve processes and care for one another. Encourage self-care and support among the leadership team.

LONG-TERM SUPPORT OF COLLEAGUES

Ongoing support:

- Some staff may have a delayed reaction to this loss. Keep reinforcing all avenues of support.
- The designated family liaison person should continue to update staff on any news of importance or pieces of information that may be of comfort.
- Ensure the lines of communication remain open with the staff.
- Consider key anniversaries or milestones. The designated contact for the family may like to contact the person's family for the first birthday, Christmas and anniversary following their death. Acknowledge the date as significant. Let the staff decide if they want to do something collectively. Often even a small gesture of acknowledgement will be sufficient to demonstrate care and support.

CONSIDERATION OF THE EMPLOYEE'S BELONGINGS

Be mindful of the impact an empty desk, a coffee mug, or leftovers in the fridge may have on colleagues. The designated family liaison person will have to ask the family what they want done with work belongings, however it is recommended to leave these tasks until after the funeral, unless this is driven by the family.

Ask work colleagues what would be most helpful with regards to belongings. Some people find these mementoes a source of comfort. Others may find these objects extremely distressing or triggering. If the consensus is they are very painful, speak with staff about removing the belongings. Be very specific to the staff when the person's belongings will be cleared so everyone is prepared for the final farewell of their visibility in the workplace and can prepare for this change.

FINALISING AN EMPLOYEE'S AFFAIRS

Contact your human resources (HR) leaders to aid yourself and the next of kin around arrangements for:

- Finalisation of pay.
- Finalisation of annual leave and long service leave.
- Access to superannuation, pension and other benefits such as life insurance.

The HR partner can also assist in ensuring all data relating to the person who has died such as email addresses and circulation lists have been ceased.

BIBLIOGRAPHY

Stroebe M, Schut H, Boerner K. Cautioning Health-Care Professionals. Omega (Westport). 2017 Mar;74(4):455-473. doi: 10.1177/0030222817691870. PMID: 28355991; PMCID: PMC5375020.

ANZCA resources

ANZCA's Doctors' Support Program

ANZCA Critical Incident Debriefing Toolkit

Wellbeing Library Guide

PG 48: Administrative management of substance use disorder

PG 49: Practitioner health