

Researchers call for greater investment in bereavement care

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"We need a paradigm shift in how health care professionals, institutions and systems view bereavement care," said Wendy G. Lichtenthal, Ph.D., FT, FAPOS, associate professor of public health sciences at Sylvester Comprehensive Cancer Center and the paper's corresponding author. "We must shift bereavement care from an afterthought to a public health priority." Credit:

Memorial Sloan Kettering Comprehensive Cancer Center

The public health toll from bereavement is well-documented in the medical literature, with bereaved persons at greater risk for many adverse outcomes, including mental health challenges, decreased quality of life, health care neglect, cancer, heart disease, suicide, and death. Now, in a [paper](#) published in *The Lancet Public Health*, researchers sound a clarion call for greater investment, at both the community and institutional level, in establishing support for grief-related suffering.

The authors emphasized that increased mortality worldwide caused by the COVID-19 pandemic, suicide, [drug overdose](#), homicide, [armed conflict](#), and terrorism have accelerated the urgency for national- and global-level frameworks to strengthen the provision of sustainable and accessible [bereavement](#) care. Unfortunately, current national and global investment in bereavement support services is woefully inadequate to address this growing public health crisis, said researchers with Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine and collaborating organizations.

They proposed a model for transitional care that involves firmly establishing bereavement support services within [health care organizations](#) to ensure continuity of family-centered care while bolstering community-based support through development of "compassionate communities" and a grief-informed workforce. The model highlights the responsibility of the health system to build bridges to the community that can help grievers feel held as they transition.

The Center for the Advancement of Bereavement Care at Sylvester is

advocating for precisely this model of transitional care. Wendy G. Lichtenthal, Ph.D., FT, FAPOS, who is Founding Director of the new Center and associate professor of public health sciences at the Miller School, noted, "We need a paradigm shift in how health care professionals, institutions, and systems view bereavement care. Sylvester is leading the way by investing in the establishment of this Center, which is the first to focus on bringing the transitional bereavement care model to life."

What further distinguishes the Center is its roots in bereavement science, advancing care approaches that are both grounded in research and community-engaged.

The authors focused on [palliative care](#), which strives to provide a holistic approach to minimize suffering for seriously ill patients and their families, as one area where improvements are critically needed. They referenced groundbreaking reports of The Lancet Commissions on the value of global access to palliative care and pain relief that highlighted the "undeniable need for improved bereavement care delivery infrastructure." One of those reports acknowledged that bereavement has been overlooked and called for reprioritizing social determinants of death, dying, and grief.

"Palliative care should culminate with bereavement care, both in theory and in practice," explained Lichtenthal, who is the article's corresponding author. "Yet, bereavement care often is under-resourced and beset with access inequities."

Transitional bereavement care model

So, how do health systems and communities prioritize bereavement services to ensure that no bereaved individual goes without needed support? The transitional bereavement care model offers a roadmap.

"We must reposition bereavement care from an afterthought to a public health priority. Transitional bereavement care is necessary to bridge the gap in offerings between health care organizations and community-based bereavement services," Lichtenthal said. "Our model calls for health systems to shore up the quality and availability of their offerings, but also recognizes that resources for bereavement care within a given health care institution are finite, emphasizing the need to help build communities' capacity to support grievers."

Key to the model, she added, is the bolstering of community-based support through development of "compassionate communities" and "upskilling" of professional services to assist those with more substantial bereavement-support needs.

The model contains these pillars:

- **Preventive bereavement care**—health care teams engage in bereavement-conscious practices, and compassionate communities are mindful of the emotional and practical needs of dying patients' families.
- **Ownership of bereavement care**—institutions provide bereavement education for staff, risk screenings for families, outreach and counseling or grief support. Communities establish bereavement centers and "champions" to provide bereavement care at workplaces, schools, places of worship or care facilities.
- **Resource allocation for bereavement care**—dedicated personnel offer universal outreach, and bereaved stakeholders provide input to identify community barriers and needed resources.
- **Upskilling of support providers**—Bereavement education is integrated into training programs for health professionals, and institutions offer dedicated grief specialists. Communities have trained, accessible bereavement specialists who provide support

and are educated in how to best [support](#) bereaved individuals, increasing their grief literacy.

- **Evidence-based care**—bereavement care is evidence-based and features effective grief assessments, interventions, and training programs. Compassionate communities remain mindful of bereavement care needs.

Lichtenthal said the new Center will strive to materialize these pillars and aims to serve as a global model for other health organizations. She hopes the paper's recommendations "will cultivate a bereavement-conscious and grief-informed workforce as well as grief-literate, compassionate communities and health systems that prioritize bereavement as a vital part of ethical health care."

"This paper is calling for health care institutions to respond to their duty to care for the family beyond patients' deaths. By investing in the creation of the Center for the Advancement of Bereavement Care, Sylvester is answering this call," Lichtenthal said.

More information: Wendy G Lichtenthal et al, Investing in bereavement care as a public health priority, *The Lancet Public Health* (2024). [DOI: 10.1016/S2468-2667\(24\)00030-6](https://doi.org/10.1016/S2468-2667(24)00030-6)

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