The Bad News of Sudden Death: The Ritual Process of Becoming Dead in the Emergency Department

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Acknowledgments

Blue Cross Blue Shield Foundation of Michigan for support of dissertation research titled:

A Ritual Investigation of Sudden Death Events in an Urban United States ED

Theoretical Framework of Conceptualizing the Process of Socially Becoming Dead in the ED

Death is a transitional social and ritual process, occurs over time, and has individual and collective meanings. Mortuary practices create social order. (Hertz, 1960)

Death is a rite of passage as a separation, transition, and integration. (van Gennep, 1960[1909])

Death as key transition into liminal space, a threshold where both the dying person and the mourners cross over and cannot cross back. (Turner, 1967)

Auto Ethnography

Auto ethnography is a genre that is "reflective" in nature (Ellis and Bochner 2000).

"Analytic auto ethnography" where more traditional methods of ethnography are used by the researcher. The researcher is (1) complete member researcher status (2) analytic reflexivity, (3) narrative visibility of the researcher's self, (4) dialogue with informants beyond the self, and (5) commitment to theoretical analysis (Anderson, 2006, p. 378)

Field Site

Level II Trauma Center

- provides comprehensive trauma care and supplements the medical system's Level I trauma center (ACS 2006)

Urban Emergency Department (ED)

- 2009 Annual Statistics
  - -Approximately 85,000 encounters and 400 deaths

Sudden Death for purposes of this study was defined as any death that occurred in the ED

Methodology

Lengthy pre-research phase involving many complexities:

- Full board IRB approval
- Gaining access to field site
- Gaining access to participants involved in sudden death events.
- Staff and families
- Issues of Vulnerability

Methodology II

- Phase One:
  - -Lengthy participant observation
  - -Conducted 20 in-depth interviews with staff members
  - -Staff obtaining "Permission for Telephone Contact" consent form
  - -Attended Bereavement Support Groups (2 sessions)
- -Phase Two:
  - -Made 39 phone calls 3 months post SDE
  - -Set up interviews with families at a place of their choice.
  - -Conducted 10 face-to-face in-depth family interviews with 11 family members

Table I

Staff Category	Total #	Male	Female
Nurse	7	2	5
Resident	5	3	2
Spiritual Care	4	1	3
Physician (Attending)	2	2	0
Social Work	1	0	1
Security Police	1	1	0
Total	20	9	11

Table II

Family	Cause of Death	Age and Gender of Deceased	Ethnicity of Family Member Interviewed	Family Members Interviewed /Relationship to Deceased
#1	Gunshot Wound	19 Male	African-American	Grandmother
#2	Cardiac Arrest	61 Male	African-American	Daughter
#3	Cardiac Arrest	76 Male	African-American	Wife
#4	Cardiac Arrest / Cancer	53 Female	African-American	Husband
#5	Cardiac Arrest	50 Male	Caucasian	Wife, Daughter
#6	Cardiac Arrest	68 Male	African-American	Brother
#7	Electrocution	41 Male	Caucasian	Wife
#8	Motor Vehicle Accident	21 Male	African-American	Mother
#9	Gunshot Wound	48 Male	African-American	Girlfriend
#10	Seizure	49 Male	African-American	Sister

Data Analysis

Field notes:

Read full set of detailed field notes taken during participant observation: Thematic analysis of social interaction and observation during SDE

Interviews:

All audio-taped and transcribed in a line by line format

Interviews were also reviewed simultaneously later with a colleague who was a PhD prepared psychologist and an expert on grief. The interviews were read together and discussed. Again, themes were identified in relation to research domains.

Findings

No official policy found governing sudden death events in the ED

In this highly protocol driven unit:
- Sudden death was nearly a daily event
- Yet there was no written policy

A ritual process was discovered:
- Reporting of events was quite consistent
- True for staff and family data

Even handling of exceptions was very patterned:
- Followed a set of well understood social rules

Gathering in the ED: Coming together for the death ritual

The "tweeter" gathers all of the professional staff

The family is assembled in "the room" and made phone calls to other family members to come to the ED

> "I remember now just looking at certain things, the badges, those holding clipboards and social worker, and they whisked me right to "the room". I knew then." (Family 7)

The transitional social process: Becoming dead in the ED

Doctor gives bad news to the immediate family in "the family room"

Language change from "seeing" to "viewing"

Family is given the opportunity to view the body
- 2-3 family members at a time
- 2-3 hours time limit

Delivering bad news....

- **Mary:** Do you get any training in the ED?
- **Resident**: Not really. It's more so you watch, observe, figure out what you like, don't like from what you see, but no real training (Staff 18)
- Several residents wanted more lectures from the palliative care team
- More role modeling from their ED attendings
- Liked ICU role modeling from attendings; occurred mainly during family meetings

Delivering bad news....

- Another resident on whether he is "good" at death notification:

  "This is a hard residency, and the amount of positive feedback we get is kind of minimal" (Staff 17)

  "We don't get much positive feedback in this program, so it's nice to hear. I remember the first time I went in, I had the clipboard in my hand, because I was shaking, and it steadied me. (Staff 18)

Delivering Bad News...

- "More time to do it...instead of running in...saying it and hoping there are no questions. But for what we've got, I wouldn't change it." (Staff 20)
- Several staff also mentioned follow up phone calls with families and debriefing with other staff members

Staff comments...

- Another resident commenting on the importance of delivering bad news:

  "Learning how to give bad news. It is something that we, I mean, we do read about it and we try to do it well, but it's not something that we try to perfection, like management of like emergencies." (Staff 16)
- Who is my patient?

Hearing the Bad News

- They said they tried, they work on him for 27 minutes, 27 minutes and he didn't respond...27 minutes, I think they said 27 minutes. He did not respond. It was like everything went blank after that. I think it was a nurse who told me...There were so many people there. (Family 2)
- This doctor he's a white man, I can barely see him, and he said "we weren't able to save him" and I lost it. I am hysterical now. (Family 3)
- We got to the hospital it wasn't 15 minutes after we go there that the nurse came out and said that she passed away. (Family 4)

Hearing Bad News:

- "I was shuffled off into you know that family room and sat there until finally the emergency room doctor could come out , it was, felt like an eternity. He was personable, I was sitting in the chair upset, he squatted down to my level and just said that they worked on him for 10 minutes and could not pull him out of asytole" (Family 5)

Hearing Bad News

- I remember when the person came out ...like I am the one that has to tell you that he's deceased...why do we have to wait for that one person, the waiting is so horrible. (Family 5)
- The priest was there giving us comfort (9)

An excerpt from a family interview

Girlfriend: Then they finally let us in the room to see him. As the family members came, everybody took a turn to go in there and see him.

Mary: Do you think it's important to view the body?

Girlfriend: Yes.

Mary: In the emergency room?

Girlfriend: Yes, I do, I do, because you know, his body is still really his body. You can still feel, you know, the softness in the skin, you know, because after they get to the funeral home, you know, the body is so stiff and hard, you know. You know, if the body is visible at the time at the emergency room, it's best to see it then, because like I say, a lot of people like to touch the body. You know, you still want to feel the tenderness of his skin. (Family 9)

Viewing The Body

An excerpt from a family interview

A wife stated:

"Because he was my soul mate, he's going to wake up. I remember jumping when I heard it. I go; I think I heard him breathe. They said no, you didn't hear him breathe. But I kept my head on his chest for a long time, it seemed like, and talked to him, and I wanted him to wake up, but he didn't. That was hard. That was really hard. But, yeah, I kissed him,...He always had a shaved, brushed haircut, but he had been growing it out, and it was really curly, and on the way to work that morning I had talked him, and I said, how you doing, and he said I'm sweating to the oldies, it's hot out here already. And he left the house, with his wet curly hair, and when I saw him, I knew he had a bad day, because it was very windblown and I was running my fingers through it, ... yeah, I was running my fingers through his hair and kissing him and I thanked him for our beautiful daughters, and yeah, I touched him a lot." (Family 7)

An Excerpt from Family Interview

A wife stated:

They let me go in to him. And he was so peaceful, like nothing was wrong with him. They had that thing in his mouth though. (Sighs). So I just looked at him and I held his hand and I rubbed his face, and I caressed its as much as I could. He was still warm very warm. I kept waiting on him to tell me to leave him alone, because that's what he would do when I would get lovey-dovey. And I said to this lady, she stayed with me alot. He is so warm. "Yes" she said. I never saw that doctor again. If my life depended on it I couldn't tell you what he looked like, except that he was a white man, not real tall and he was young.. (Sighs)

So they let me stay with him as long as they dared. Finally the lady said "We are going to have to take him to do whatever it is that they have to do" (Sighs). I didn't get to say whatever it is that people say, if they say anything, I didn't get to do that I didn't get to kiss him. I didn't get to – I wasn't expecting it. (Family3)

An Excerpt from Family Interview

A grandmother stated:

There was a rag on his head. I thought he was shot in the heart. I made the doctor come back and tell me I guess they thought I couldn't take it. He was shot in the leg, heart and the head. They tried to be decent. They let me see him. They were real nice. The chaplain stood with me. They did good real good. He died on the street. They were nice and considerate. They treated me good at the hospital. (Family 1)

Re-entering society as a mourner

Family crossing threshold of ED with personal belongings

From a grandmother:

"They didn't give us anything. I have nothing of his. His girlfriend is pregnant. That is the good that came from this. I came home and called his cell phone. It was already turned off. I just wanted to hear his voice." (Family 1)

From a wife:

"I didn't have anything that was on him. I feel cheated. I wanted it. I wanted something. I got the watch back. I wanted something that was on him the day, you know, the day he went. I got his watch, so I felt better." (Family 7)

Re-entering society as a mourner

Staff member leaves family at door and reenters ED as a mourner

From a nurse:

"I think that, I mean from my own experience,...I think that just being a nurse for a long time, like it really doesn't, doesn't affect me like on a conscious level. But like I'll notice...it coming out sideways, like instead of just directly like oh, I'm really sad about that patient dying." (Staff 3)

From a security person:

"They see so much pain that they become hard themselves or they appear hard, and all it is that they don't want to see it anymore." (Staff 15)

Two male nurses talking to one another after the sudden death of an infant. One says to the other whose wife was pregnant:

"Now, do not go home and talk to your wife about this. She doesn't need to hear about this. Talk to us all you want. Do not talk about it to her. Leave this here at work with us." (Field note Summer, 2010)

The Final Ritual in the ED

From a spiritual care staff person:

"This woman, she's an old gray-haired lady, and she gets to mop the blood up off the floor. And when you see a woman with a mop, mopping up human blood and she's so calm, and she's so low-key, and she doesn't care if this person was rich or poor. She's just so dignified, and she's just so quiet and kind, and she's doing an awful job, but it hasn't made her into a hard-hearted person. She doesn't act tough." (Staff 13)

Sudden Death / Prepared Death

No preparation for death
No relationship with healthcare providers
Shock and Disbelief
Family not present at Death
Moment of Death not discernable
"Care" is during and after the death

Concluding Thoughts

This dissertation set out to investigate death as a social act and a ritual process in the ED.

In this auto ethnographic study, I came to understand as an anthropologist how ritual process contributes to creating social order at the time of a sudden death in the ED.

I am convinced of the benefits of incorporating these ideas into the professional education of staff who work in settings where death occurs. Staff consistently expressed a desire for knowledge that would improve their practice in this area. (voice to voiceless)

I have a great passion to do more end-of-life research and contribute to anthropological scholarship and improve healthcare practice.

Contributions to Healthcare

- Policies
- Official Viewing Room (not an after thought)
- Sensitive Handling of Personal Items
- Follow up with family (no Press Ganey Surveys)
- Debriefing with staff members (mandatory)
- More lectures for residents from palliative care team
- More interdisciplinary work in ED related to sudden death
- More affirmation from managers

Thank You!

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