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Understanding Physician Grief: Insights from Breast Cancer Care

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Grief is defined as an intrinsic, prevalent, and adaptive response to the encounter of loss.[1] Despite various studies investigating the grieving process of patients and their caregivers, physician grief is less explored. Among medical professionals, oncologists and especially palliative care specialists (PCSs) consistently encounter death and the complexities associated with end-of-life care. Oncologists and PCSs try hard to fulfill their role in providing comprehensive support to patients and their families—addressing physical, psychological, and spiritual needs. However, they often lack the opportunity to attend to their personal grief over their patients' deaths and distress, which necessitates a greater emphasis on understanding and addressing the grief experienced by these healthcare practitioners. If grief remains unresolved, it can escalate beyond control, leading to negative consequences including compassion fatigue, sense of failure, decreased effectiveness, poor decision-making, psychological impairment, early career burnout and poor quality of life.[2,3,4]

As a newly appointed fellow in palliative care, my initial experience was both tragic and unforgettable. I was responsible for a 32-year-old woman with advanced breast cancer, which had metastasized to her lungs, causing severe respiratory distress. She was urgently admitted to the palliative care unit, and discussions about her poor prognosis were deferred. Her condition deteriorated rapidly. Before I could complete the necessary prescriptions, she succumbed to her illness in the presence of her recently arrived mother and grieving husband. Paralyzed by shock and disbelief, I found myself unable to confront the profound grief in the room. While the nursing staff attended to tasks such as performing ECGs and documenting the time of death, I stood by, feeling powerless and overwhelmed by an unfamiliar fear. The patient was my age, a wife, a daughter, and she died from breast cancer. This encounter left an indelible mark on me. Subsequently, I was haunted by the memory of that moment and the family's reaction, a memory which replayed in my mind constantly. I felt guilty, and increasingly isolated. This emotional turmoil impacted my professional duties, draining my energy and affecting my ability to care for patients.

It should be considered that physicians, as humans, experience profound emotions triggered by mortality and terminal conditions.[5] Beyond emotional responses such as sadness, disappointment, irritation, guilt, and anxiety, fatigue and insomnia are the physical manifestations most frequently observed in doctors following the demise of a patient. Coping is defined as the thoughts and behaviors developed by physicians, like others, to facilitate the mitigation of bereavement. Consequently, understanding coping mechanisms is a cornerstone in assisting physicians to handle the emotional challenges inherent in the care of dying patients. The most positive and negative adaptive strategies include talking to colleagues, friends, and family; focusing on work; talking to the patient's family; exercising; meditating or spending alone time; consuming alcohol; writing; and seeking religious support.[2,5] Regarding the failure of coping

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mechanisms in response to patient death, approximately 10% of physicians exhibit profound reactions. Medical specialty, level of experience, and gender are known factors that influence the burnout rate.[5]

In a palliative care setting, specialists may face personal challenges such as burnout, compassion fatigue, and compromised quality of care. Although PCSs frequently encounter terminal patients, studies interestingly demonstrate that burnout rates are low among them due to three main causes. First, a multidisciplinary decision-making structure in the palliative care setting is a key factor for burnout protection as it distributes the pressure. Sufficient time for communication with patients and their families is the second cause of burnout prevention. Anticipation of death is the third factor that decreases burnout rates; it seems that if a patient's death is anticipated, the physician may process grief more successfully. In contrast, the unexpected death of patients who are anticipated to be cured can be a challenging issue.[4,6,7,8]

Regarding experience level, there are conflicting data. Balaban *et al.* concluded that the degree of discomfort was more pronounced in less experienced physicians. [9] Contrarily, Moores *et al.* illustrated that experience level does not affect the strength of emotional reactions or the need for support, indicating that the impact of a memorable patient's death is shaped more by individual character attributes than by the extent of medical training.[5]

In addition to medical specialty and experience level, there are suggestions of a relationship between gender and stress related to patient death. Redinbaugh *et al.* concluded that female physicians are more prone to psychological distress and are affected more strongly by a patient's death than male physicians.[10]

Despite the inevitable grief that oncologists and PCSs feel for dying patients, it is crucial to find an approach to protect against unintended negative consequences for patients. Self-awareness, which involves recognizing and accepting one's abilities and limitations, is a key intervention to avoid the negative impact of patient death, as introduced by Kearney *et al.* Regular interdisciplinary meetings and Balint groups create opportunities to discuss grief, mistakes, suffering, and personal challenges, thereby strengthening self-awareness and helping physicians realize they are not alone.[11,12] In fact, receiving support from colleagues leads to successfully navigating the grieving process and ultimately enhances job satisfaction.

Physician grief, particularly among PCSs, is a critical yet often overlooked aspect of healthcare. Highlighting the emotional impact of patient death on physicians and the need for effective coping mechanisms is essential. Self-awareness, interdisciplinary support, and open communication can mitigate negative consequences. Providing adequate support for PCSs and oncologists is crucial for their well-being and ensuring high-quality patient care.

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REFERENCES

1. Thimm JC, Kristoffersen AE, Ringberg U. The prevalence of severe grief reactions after bereavement and their associations with mental health, physical health, and health service utilization: a population-based study. *European Journal of Psychotraumatology*. 2020 Dec 31;11(1):1844440. doi: 10.1080/20008198.2020.1844440.
2. Strote J, Schroeder E, Lemos J, Paganelli R, Solberg J, Range Hutson H. Academic emergency physicians' experiences with patient death. *Academic Emergency Medicine*. 2011 Mar;18(3):255-60. doi: 10.1111/j.1553-2712.2011.01004.x.
3. Shanafelt T, Adjei A, Meyskens FL. When your favorite patient relapses: physician grief and well-being in the practice of oncology. *Journal of clinical oncology: official journal of the American Society of Clinical Oncology*. 2003 Jul 1;21(13):2616-9. doi: 10.1200/JCO.2003.06.075.
4. Sansó N, Galiana L, Oliver A, Pascual A, Sinclair S, Benito E. Palliative care professionals' inner life: exploring the relationships among awareness, self-care, and compassion satisfaction and fatigue, burnout, and coping with death. *Journal of pain and symptom management*. 2015 Aug 1;50(2):200-7. doi: 10.1016/j.jpainsymman.2015.02.013.
5. Moores TS, Castle KL, Shaw KL, Stockton MR, Bennett MI. 'Memorable patient deaths': reactions of hospital doctors and their need for support. *Medical education.* 2007 Oct;41(10):942-6. doi: 10.1111/j.1365-2923.2007.02836.x.
6. Granek L, Buchman S. Improving physician well-being: lessons from palliative care. *CMAJ*. 2019 Apr 8;191(14): E380-1. doi: 10.1503/cmaj.190110.

7. Redinbaugh EM, Schuerger JM, Weiss LL, Brufsky A, Arnold R. Health care professionals' grief: a model based on occupational style and coping. *Psycho-Oncology: Journal of the Psychological, Social and Behavioral Dimensions of Cancer*. 2001 May;10(3):187-98. doi: 10.1002/pon.507.
8. Dréano-Hartz S, Rhondali W, Ledoux M, Ruer M, Berthiller J, Schott AM, Monsarrat L, Filbet M. Burnout among physicians in palliative care: impact of clinical settings. *Palliative & supportive care*. 2016 Aug;14(4):402-10. doi: 10.1017/S1478951515000991.
9. Balaban RB. A physician's guide to talking about end-of-life care. *Journal of general internal medicine*. 2000 Mar;15:195-200. doi: 10.1046/j.1525-1497.2000.07228.x.
10. Redinbaugh EM, Sullivan AM, Block SD, Gadmer NM, Lakoma M, Mitchell AM, et al. Doctors' emotional reactions to recent death of a patient: cross sectional study of hospital doctors. *Bmj*. 2003 Jul 24;327(7408):185. doi: 10.1136/bmj.327.7408.185.
11. Brodrick R, Ponnampalam A. 10 Closer, wiser, stronger: setting up a peer-led reflective practice group for palliative medicine specialty registrars. *BMJ Supportive & Palliative Care* 2020;10:A12. doi: 10.1136/spcare-2020-PCC.31
12. Kearney MK, Weininger RB, Vachon ML, Harrison RL, Mount BM. Self-care of physicians caring for patients at the end of life: "Being connected... a key to my survival". *Jama*. 2009 Mar 18;301(11):1155-64. doi: 10.1001/jama.2009.352.

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