
Meditations on Medicine



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The Universal (and Inescapable) Journey of Loss and Grief

But when anyone in health care is witness to, a part of, or the cause of an adverse outcome, it impacts us all: the patient, the patient's family and the entire health care team.

I've recently been meditating on the journey one takes when coping with loss and grief, whether it be living through a disaster such as the current pandemic, being a part of a patient harm event and perhaps getting sued, or living with a terminal illness or significant chronic health condition. Interestingly, each of these life-altering challenges typically follows well-understood phases of emotional responses, and understanding that these phases are normal and almost predictable can help those who support people dealing with loss and grief. The fact is that all of us deal with difficult circumstances at some point in our lives, so being educated and aware of these phases can help everyone.

All physicians intend to help, heal and serve those who seek them out for care. But when anyone in health care is witness to, a part of, or the cause of an adverse outcome, it impacts us all: the patient, the patient's family and the entire health care team. Though the specific emotions we experience will vary, most of us will at some point go through the phases noted in the Kübler-Ross change curve: shock, denial, frustration, depression, experiment (and engagement), decision and ultimately integration.

Since my days of training in emergency medicine, I have taken a particular interest in the study of grief and loss. Knowing how to tell people difficult news is a skill that must be learned in order to practice medicine with emotional competence, not just technical competence. During my 25 years in the emergency department, I learned many techniques for communicating bad news that were helpful, and others that weren't.

Later, I studied the work of Rachel Naomi Remen—a very wise woman who is also a physician, educator and author—who developed a Healer's Art course about 30 years ago for first-year medical students at University of California-San Francisco. This course offers a well-developed curriculum on grief and loss, which includes learning from one's own experiences and the experiences of others, and contemplating and sharing what was helpful in the past and what was not when coping with grief and loss. This course is now taught in over 90 medical schools around the world (rishiprograms.org), including the University of Minnesota Medical School, where I help teach it.

I recently came across an article about emotional wellbeing and the phases of disaster (www.samhsa.gov/dtac/recovering-disasters/phases-disaster). This is

obviously pertinent as we all struggle with the pandemic caused by COVID-19. What stood out to me in this article was that, as a society, we are currently in the "disillusionment" phase, the length of which is unknown and our control over which is limited, at least currently. And it is during this phase when we all need to provide even more support to one another. I believe there is an interesting parallel between the disillusionment phase and the frustration and depression phases of the [Kübler-Ross change curve](#).

In both of these curves—whether suffering an adverse outcome as a clinician or a patient, or as anyone living in this pandemic—the downward sloping section of the curve is when people need the most support. This is the moment when we need to lock arms, walk together and help one another.

Raising awareness of our common human needs when we are living with some sort of loss—whether it be from the pandemic, involvement in a patient harm event, or being informed of a life-altering diagnosis—will help all physicians in tending to those we serve. And when we walk with those who are enduring those phases of disillusionment or depression, our dedication to provide care is more important than ever. We at Constellation are here for you, wherever you are in your journey.

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