REQUIEM

Lives are sacred; theirs and ours.  
Trees and creatures, birds and flowers  
Light a candle bright and small;  
Requiem for one and all.

Life is wondrous, so is death;  
Glorious the final breath.  
Let a flower be the prayer,  
Life and death be everywhere.
The Social Work Afterthought

- Background to the theme: What we don’t talk about as clinicians – ‘family is distressed, best call the social worker’ or ‘patients crying after being told they have days to live, quick get social work’
- The importance of focusing on death work – both anticipatory and bereavement in oncological social work
- The importance of maintaining dignity and a person's sense of self before and after death
Setting the Acute Hospital Scene

- Quick turnover
- Often single session contact
- Focus on discharge
- No specific therapeutic space or environment
- Human resources are limited and so are practical resources to engage in anticipatory death work
- Some deaths can be quick deterioration, others are waiting for a palliative care unit but become too unwell for transfer
- Some CALD backgrounds do not wish to be transferred to specific palliative care units
The Case for Change

– On average, 9 deaths occur on oncology ward each month. More specifically in the earlier months of the year we had 9-12 deaths in the one month.
– Most of these deaths were expected, it is unclear how long they were dying.
– Sw does not traditionally receive blanket referral for end of life patients.
– Memory making is often offered to the patients with young children
– Social workers do not have clinical indicators or flags to make mention of memory making in routine care.
The Literature

- Highlight the need to develop consistent methods to assist families with tasks involved with spending time together, meaning making, saying important things, and saying goodbye. (Steinhauser et al 2015)
- Studies indicate need to incorporate memory making for paediatric patients at EOL, however palliative care involves the family unit, and many patients who have died have young children or grand children who are aware of the death of their loved one. (Leigh 2018)
- Memory making/legacy work can help people to gain control over some aspect of the dying process (Allen et al 2008)
Aim Statement

By January 2019, we will aim to increase patients’ opportunity of memory making to 50% of palliative patients in the last weeks of life on 7A whom are referred to social work.
Memory making is
Legacy Work

– Source of comfort, support
– Expression in a tangible way
– Assists carer stress
– May lead to other communication
Potential Impact

– Expression through art can improve depressive symptoms and/or stress
– Focus on the activity as a mindfulness activity
– Look at life and living through legacy
– Positively impact quality of treatment experience whilst an inpatient on the ward
Next Steps

– We aim to do a few PDSA cycles and test changes along the way to improve access and opportunities to memory making activities on the ward.
– Increase education sessions to all staff on the ward to be aware of the service.
– Include as part of pall care checklist.
– Medical university of South Carolina legacy programme, Use of volunteers.
– Review memory making kit as part of the test changes, to increase to various mediums to appeal to various patients.
– Consult social workers in department for any ideas they may have to move forward.
Grief Research

- Approximately 1,000 deaths at St George Public Hospital per year; 9-12 deaths on oncology wards per month.

- The public health approach to bereavement support suggests 60% of individuals cope well with informal/social supports. (Aoun et. al, 2015)

- 10% of individuals experience complicated grief. (Zisook & Shear, 2009)
What do Australian Palliative Care Centres Offer? (Mather et al, 2008)

- 86% - phone call
- 86% - individual session
- 66% - memorial service
- 55% - letter
- 53% - anniversary card
- 31% - group session
- 5% - information package
Benefit of Acute Care Hospital Follow up


– 65% of respondents found a follow up information pack sent at 10-12 weeks post death to be a comfort.
– 60% described it as ‘useful’.
– 57% felt it was sent at the right time, with women generally preferring it earlier and men preferring it later.


– Participants valued compassion and support provided by social work.
– A follow up card, phone call and memorial were perceived as helpful by most families.
– ‘None of those upset me at all, and I found comfort in all of them and it was nice to have the follow up.’
Follow up Process:

1. Support provided at time of death + offer to mail out information.
2. Social worker puts the details into the spreadsheet.
3. A support pack is mailed out 6 weeks later.
4. Data collected via spreadsheet.
Bereavement Pack Contents

- Coping with Loss psycho-educational booklet.
- ‘Forget-me-not’ Seedlings Packet.
- Calvary Bereavement Counselling Service Brochure.
- Personal condolence letter and/or card.
Feedback Received:

– ‘We greatly appreciate the support given to us during our sister’s illness and the expression of sympathy at her loss... The support we had at the end made it possible for us to cope.’

– ‘Sorry it has taken me so long to reply to your beautiful card and messages, I was so touched by it.. Many thanks to all for thinking of us. The love and care that was given to (pt) will be remembered by us as a family.’

– ‘Your kindness meant so much and will not be forgotten.’

– ‘Thank you so much for your kind words and sympathy... the one guiding light in the sorry saga was your so gentle and sensitive approach.’
Handover Bag Initiative
Growth Oriented Companionship Model
Dr Alan Wolfelt

– Growth as a “spiritual soul-based journey” over a risk based pathological model.
– Critical of the role of ‘experts’ in grief and the risk of treating grief as an illness that demands a cure.
– Companioning is about valuing curiosity over expertise. It is about discovering the gifts of sacred silence, rather than filling every painful moment with words.
Companioning
Dr Alan Wolfelt

“Helping people integrate life's losses means being present for them and observing them- ‘companioning.’ Observance comes to us from ritual. It means not only ‘to watch out for’ but ‘to keep and honor,’ ‘to bear witness.’”


Leigh K. (2018), Handprints on the soul: The impact of legacy building interventions on bereaved families [Internet]. [US]: ProQuest Information & Learning; 2018..
