

DEAD KEEN TO GO HOME

VANESSA LOCKYER-STEVENS

**GRIEF LIVED OPENLY HAS A MYSTERIOUS
POWER TO HEAL'**

VANESSA GORMAN 2000

LITERATURE REVIEW

- **Finley and Dallimore (1991)** – deep regret at not seeing child after death especially where dissuaded by staff.
- **Peters and Lewin (1994)** holding, caring, being with – lessen the time for denial
- **Bryne (1994)** Professional protectionism - Left out in the cold
- **Campbell and Glasper (1995)** Unfinished stories
- **Hazinski (1999)** Abrupt loss – prolonged grief, professional distancing
- **Dent et al (1996) & (2002)** Insufficient time and fewer restrictions on what to do with the body
- **Whittle and Cutts (2002)** Of 21 in patient units only 10% of children went home following death
- **Davies (2005)** Theoretical understandings of parental grief suggest parents continue bonds with dead child by preserving memories and recollections
- **PICU (2002)** Standards in Bereavement Care
- **Wright (1999)** ‘Reality while painful, is more manageable than fantasy. Viewing body more valued’
- **Wijngaards-De-Meij,L (2008)**. Staggering low numbers cared for children following accidental death. Parents whose child died from illness were twice as likely to present the body at home for viewing and suffered less grief. Ability to say farewell correlates with less symptomology.
- **Darzi (2008)** End of Life report – More innovative ways to reduce morbidity.

Themes - contextualising care

- Less time –prolonged grief
- Professional protectionism
- Importance of memorialisation
- Being brave in creative care
- Insufficient knowledge of the law regarding disposal.

MANAGING CHANGE

■ **Options for afterdeath care**

Its been spoken about, not a professional level, but sort of just chit chat and you know, this new idea about taking kids home (4).

This is not an area which has been explored very much and death for the Australian and English (white population) cultures is quite unspoken about subject, stiff upper lipand I think this is possibly why these areas have not been explored in the past. (1)

'It's hard because what I perceive is an option and what I actually tell them is an option are two different things (3).

But there have always been dead bodies in the house all the time. Adults are brought home all the time. The Irish have wakes for days! (6)

MANAGING CHANGE

- **Power play .**

SO.....you've really got to win them over as well, you can say 'this family would really love this to happen and I think I can make it happen', but you've go to convince them as well (3)

I came across some very stern Sisters (senior nurses), really giving me a hard time for trying to do new things and new ideas (4).

GOSH (2008); Child Bereavement Trust (2008); Darzi (2008).

MANAGING CHANGE

■ **Humanising Care - enhancing the sense of journey**

..... and this is what happens, and then, this is what happens, and then when you have had enough time and you are ready, we will either take the child down to the mortuary or you can take the child home, it is entirely up to you what you want to do (6).

parents asking 'where do we go from here' and instead of you know, 'you have your time here or you can go to the mortuary'. You would actually say 'well actually you have several options' and you can either leave the body with us and it goes to the Funeral Directors and you explain that process or you can take (child) home (1)

Davies 2005, Wijngaards-De-Meij,L (2008).

RECOMENDATIONS

- Changes in guidelines for the support of the bereaved.
- reconfiguration of death education curricula

Further research that examines the bereavement experience of parents' who take home their dead child from hospital is proposed as informing future bereavement practices.



Dr. Guislain - Museum of
Psychiatry, Belgium

‘Shaping the memories of the
bereaved reduces survivor
morbidity’

Intensive Care Society 1998

vlstevens@bournemouth.ac.uk

REFERENCES

- Aherns, W., Hart, R., Maruyama, N. (1997) Pediatric death: Managing the Aftermath in the Emergency Department. *The Journal of Emergency Medicine* 15(5): 601-603.
- Anderson, J. E. (1996) Helping parents cope with sudden death. *Contemporary Paediatrics* 13(12): 42-52.
- Campbell, S., Glasper, E, A. (Eds) (1995) *Children's Nursing* Mosby.
- Child Death Helpline. The Hospitals for Sick Children, Great Ormond Street, London WC1N 3JH, UK <http://www.childdeathhelpline.org.uk/>
- Clarke, S. R. P. (2000) Researching Enterprise Bargaining: A qualitative approach *Education Research and Perspectives*. 27(1): 1-16.
- Dent, A (2002) Family support after sudden child death. *Community Practitioner* 75 (12):469-473.
- Lord Darzi, *High Quality Care for all* (2008) DH
- Straus, A., Corbin, J. (1994) Grounded theory methodology: An overview: In Lincoln. Y., Denzin. N (Eds) *Handbook of Qualitative Research*. Thousand Oaks, CA:Sage
- Stroebe,M.S., Stroebe,W., Hansson,R.O eds (2003) *Handbook of Bereavement: Theory, research and intervention*. Cambridge University Press UK
- Wijngaards-De-Meij,L., Stroebe. M., Stroebe. W., Schut.H., Van Den Bout.J. (2008) The impact of circumstances surrounding the death of a child on parents grief. *Death Studies* 32: 237-353