

# A Primary Care Approach to Bereavement

An educational resource for clinicians

Dr Lynsey Bennett<sup>1</sup> & Dr Sheena Sharma<sup>2</sup>

[lynseybennett@nhs.net](mailto:lynseybennett@nhs.net) [sheena.sharma6@nhs.net](mailto:sheena.sharma6@nhs.net)

1. GP, GP Trainer, Oxford; Bereavement Care Fellow, Thames Valley and Wessex Primary Care School

2. GP, GP Trainer, Oxford; Associate GP Dean (Thames Valley/ NHSE)

Listen to us talking about how we developed the work in our podcast here:

[Talking about Bereavement | NHS Education for Scotland](#)

Grief is a **universal** human experience, when someone **dies** but also as a reaction to a **life event**<sup>a</sup>

The increased **morbidity and mortality** associated with grief is widely reported<sup>b</sup>

GPs are **central to bereavement care - in a unique way**

Long term support, short but frequent interactions

*These consultations can make us feel helpless<sup>c</sup>*

We combined our **years of clinical experience**, and as **educators**, to create a **consultation model** to help clinicians navigate these conversations. This can be used in **any consultation** which includes **grief**. **The resource is deliverable online or face to face and can be used as a teaching aid for all primary care clinicians.**

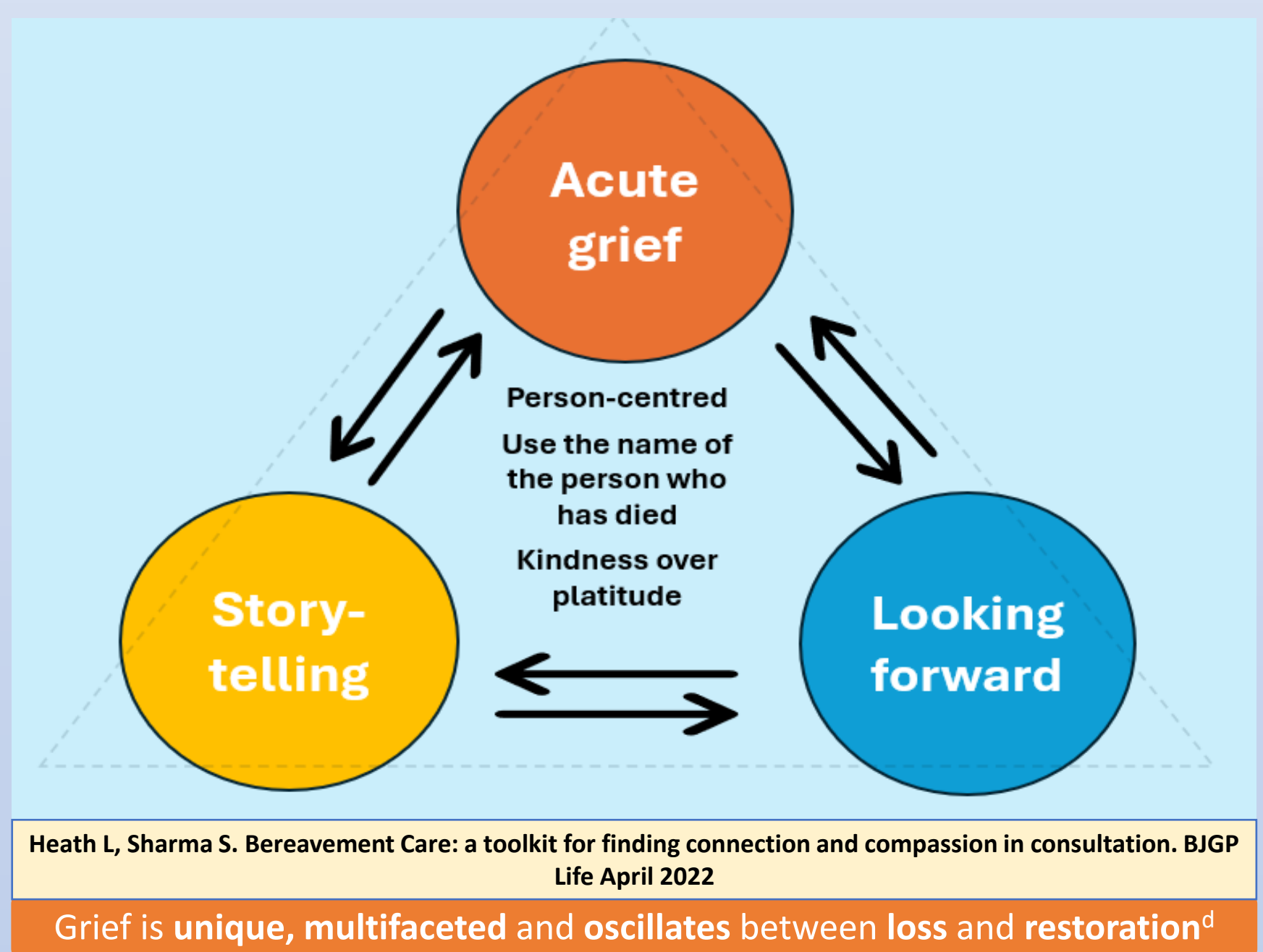
It is simple, memorable and easily applicable

Grief is **non-linear** so we chose to base our model around a **triangle**

Describes **three points** in a grief journey, between which individuals move **freely**, and in **either direction**

Suggests **communication styles** which may be most useful at each point

Widely researched to reflect current **grief theory and neuroscience**



## STORYTELLING

Recalling memories of loss helps us to adjust

*Use the name of the person who has died*

Ask simple questions 'how are you right now?'

Individuals who connect with others are more resilient in their grieving – books, films, support groups

**Excessive rumination can be a risk factor for depression or prolonged grief disorder<sup>f</sup>**

## ACUTE GRIEF

Tolerate distress and hold the space

Allow negative emotions to fill the encounter

Hold your own assumptions at arm's length<sup>e</sup>

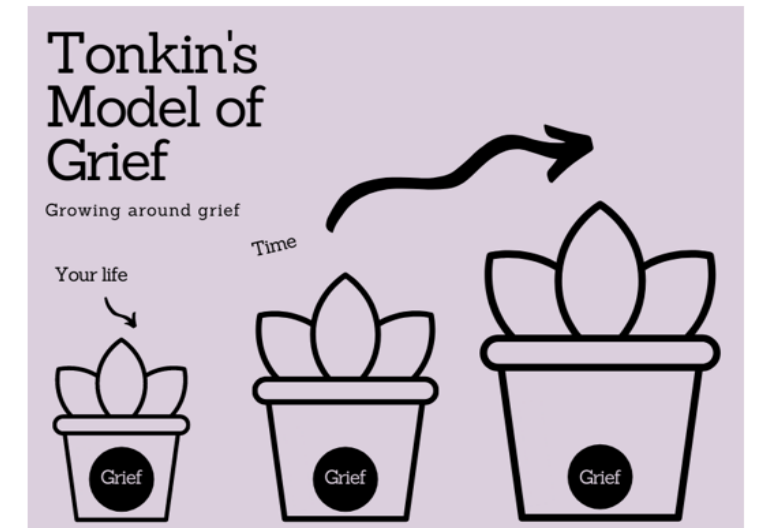
Normalise the need for support  
Emphasise the individuality of grief

*'I can see how painful this is for you right now. That pain might never go away, but you will learn ways to live with it.'*

## LOOKING FORWARDS

'Growing around grief'

Tonkin, L. (1996). Growing around grief – another way of looking at grief and recovery. *Bereavement Care*, 15 (1), 10-10



## FEEDBACK ON THE RESOURCE

**Highly Commended – RCGP Annual Conference 2024**  
**NHS Education for Scotland Annual Bereavement Conference 2023**

- Provides practical tips on how to support patients facing grief.
- 3-point model very usable and poignant for GP Practice
- helpful to think about the effects of grief on the body
- Despite being so short for time in primary care there are things we can do
- Just remembering someone's name...it's so powerful
- I never really thought before about how you can grieve eg when you get divorced

## PHYSICALITY OF GRIEF

*No one ever told me that grief felt so like fear...the same fluttering in the stomach, the restlessness, the yawning. I keep on swallowing.'*

C S Lewis, A Grief Observed. 1961

**Anecdotally, women tend more towards symptoms in the chest; men in the legs**

## REFERENCES

- Heath I. Covid19 and the legacy of grief. *Br J Gen Pract* 2020
- Jones M et al. The long-term impact of bereavement upon spouse health: a 10-year follow-up. *Acta Neuropsychiatrica* 2010
- Pearce C, Wong G, Barclay S. Bereavement care during and after the COVID-19 pandemic. *Br J Gen Pract* 2021
- The Dual Process Model of Coping with Bereavement –Stroebe and Schut 1999
- O'Connor M, Breen L. General Practitioners' experiences of bereavement care and their educational support needs: a qualitative study. *BMC Medical Education* 2014
- Eisma MC et al Adaptive and maladaptive rumination after loss: A three-wave longitudinal study. *Br J Clin Psychol*. 2015