A physician's grief observed

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Palliative care interested me early in my career, even though there were no formal training options available at the time. After residency, a chance encounter with a colleague led me to a palliative care role, where I learned as I went. I was good at symptom management and communicating with patients and families about goals and difficult decisions. However, I felt slightly ashamed when I found myself trying to avoid the powerful emotions evoked by grief in my patients and their families.

Looking back, I can see that I provided excellent care until a patient's death. Yet after the death, I was less certain about how to help or, even more important, less certain of how to be with the grieving family. I felt like I could be supportive but did not really fully understand what people were going through, and I was very uncomfortable being with others' pain.

Confronting discomfort

Thirty years ago, 2 years into independent practice, my life changed suddenly and I was forced to confront my discomfort with grief. I was driving to a meeting in Ottawa, Ont, and at the last minute Tracey, my wife, decided to come, hoping to see friends from university days. At dusk with a light rain falling, a deer crashed through our windshield, hitting Tracey. I made a desperate attempt to provide resuscitation alone in the dark at the side of the road, until I could flag down a car to seek an ambulance (pre–cell phone days). She died a few hours later from her head injuries.

I so clearly remember the outpouring of support; 30 years later I can picture the people who showed up on my doorstep the next morning. I still have a mental inventory of the many kindnesses provided by colleagues and friends. Today I do not hesitate to offer practical and emotional support to others in their times of bereavement and try to respond to a colleague's loss with a call, a card, or a meal left on their doorstep. Messages and cards were a far more meaningful source of support than I could possibly have imagined.

Grief hit me like physical pain, at times almost knocking me to the floor. In the months after the accident I would abruptly be overwhelmed by a mixture of acute pain and profound lethargy. I would be walking the dog and would suddenly need to lie down on the sidewalk until the spell passed. More than once, people crossed the road to avoid me given my distraught appearance! The feeling was quite frightening, as it was incredibly intense and took over every part of that moment. I was equally amazed to find how much a wail and an unrestrained crying spell helped the pain. The link between emotional pain and physical symptoms I had seen in patients was, of course, also true for me.

I find it unbelievable that, until others pointed it out, I did not recognize the traumatic nature of my experience and found my intense emotional response surprising. Perhaps only a physician would believe it not out of the ordinary to try to resuscitate one's wife at the side of the road and provide a succinct history in the emergency department, all the while covered in blood?

A new life

At Tracey's memorial service, someone said to me, "Welcome to your new life." At the time I was angry with this statement because I did not want a new life, but I quickly understood that renewal is a fact that all bereaved people need to accept, to make the transition to loving others and investing in new relationships. I suddenly realized that everyone else will go through this; everyone will experience grief. Walking the neighbourhood at night I would see the blue glow from television screens and be struck that everyone in those houses would experience this same pain, or had already. Encountering death through work on a regular basis had not made this reality clear to me, and I do not think I am alone among physicians in not realizing this.

After a few weeks at home, my Scottish father (also a physician) bluntly asked, "Well, Son, when are you going back to work?" I surprised some people by returning to work quickly, but for me it was better. Work provided meaning, offered an opportunity for support, and was better for me than brooding at home. Some clinical interactions were very challenging and I needed close attention to ensure my bereavement did not have an impact on the medical care I was providing. My emotions were still very raw.

I remember with humble gratitude a senior colleague sitting silently with me as I wept when grief suddenly overcame me during a meeting. No words were as powerful as his presence. As a result, I try to role model for trainees the use of quiet presence as a strategy for helping others with grief in clinical work (and personal life).

No literature on physicians' personal grief

A Google search for *physicians* and *grief* found commentaries, review articles, and research about how we come

to terms with the death of patients. I did not find articles about physicians' experiences and reflections on grief in their personal lives. Most of us get little training about grief during medical school and residency despite the fact that we deal with it on many days of our professional lives and cannot escape it in our personal lives.

In my family medicine residency, the only time I remember having formal discussions about grief was when a preceptor asked us to write 3 things we valued most on pieces of paper, and then tear 1 of the pieces up and throw it on the floor. This was powerful even before my loss.

As physicians, we sometimes view ourselves, and are viewed by others, as being impervious to loss. I do not believe this is true. Our interactions with patients and families give us insights but can never fully prepare us for grief. If we do not recognize this gap, I think physicians may be at greater risk of difficult bereavement or prolonged grief disorder. Once again, I found no literature on this question.

Memory of acute grief

From my experiences I know we need to be easier on ourselves when dealing with loss; we sometimes feel we should do better because we are physicians. When my mother died from cancer 18 months after Tracey was killed, I felt guilty that I could not help my father provide hands-on care for her. Given my experience in palliative care, it seemed to me like I should have been able to do this, but I was overwhelmed with sorrow at her loss, which was accentuated by the trauma of the earlier grief. Sometime later, at a session with my palliative care colleagues about dealing with "our work," I was surprised by this realization and cried in front of my colleagues, in part from shame and in part with relief from sharing that feeling.

One notable thing about grief is how clear memories remain, not only of events but also of the intense emotions. Even when a person successfully forges a new life, the memory of acute grief still evokes brief but strong emotions. I teared up while writing parts of this and usually cry during a formal teaching session on grief I do with first-year students. Helping trainees become comfortable with the emotions of others is an important goal for that session.

Training can get in the way of our mourning

I hope readers will consider how their training and daily work might affect their responses to grief and loss. Personal grief is not discussed much among physicians or in the medical literature, and society holds us to high standards for resilience and behaviour, as do we ourselves. We are getting better at sharing and supporting; an emergency physician in my community writes and gives talks about life after the death of his young son. His presentations make a big difference to those who attend and prompt people to consider how they have dealt with a terrible loss or how they may approach it in the future. I hope we can strive to be comfortable with helping colleagues who are bereaved, rather than assuming that their medical background will miraculously provide benefit. Our training and work may sometimes get in the way of our mourning. Physician health is a major societal concern and grief may have devastating impacts if we are not well supported.

Now, I am blessed with a wonderful marriage and family and feel fortunate to have had the support and friendship of colleagues who helped me grieve those years ago. Being a physician does not make one's grief work easier than it is for others. My experience taught me that grief is not something to be fixed but, with support, it does ease over time. I believe it has helped me be a better doctor and teacher.

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Competing interests
None declared

Can Fam Physician 2022;68:915-6. DOI: 10.46747/cfp.6812915