

# Most cancer physicians reach out to bereaved family, caregivers

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While the majority (70 percent) of surveyed cancer care physicians initiate contact with the bereaved family and caregivers of their patients who have died, over two-thirds do not feel they have received adequate training in this area during their residency or fellowship, according to a study presented October 2, 2011, at the 53rd Annual Meeting of the American Society for Radiation Oncology (ASTRO).

"In particular with cancer, there has been a movement to encourage physician involvement throughout the course of disease, including after a patient's passing," Aaron S. Kusano, MD, a [radiation oncology](#) resident at the University of Washington School of Medicine in Seattle, said. "The empathy in physicians dedicated to cancer care doesn't translate into an inherent ability to lead difficult conversations or comfortably express grief."

It is only recently that studies have begun to look at actual [physician practices](#) following a patient's death.

The primary goal of this prospective study was to examine the frequency and nature of bereavement practices among cancer care and palliative [care physicians](#) in the northwest United States. Researchers also wanted to identify factors and barriers associated with bereavement follow-up and if there were differences in practices by medical specialty.

An anonymous online pilot survey was completed by 162 attending [radiation oncologists](#), medical oncologists, surgical oncologists and

[palliative care](#) physicians who were directly involved in patient care in fall 2010.

The study found that 70 percent of [cancer care](#) physicians were routinely engaged in at least one bereavement activity that they initiated and that sending a condolence letter was by far the most common form of follow-up. Other physician initiated activities included making a telephone call to families or attending a funeral service following a patient's death.

For those who did not initiate bereavement follow-up, findings indicate that 90 percent of respondents would routinely be available for phone conversations if called by a patient's family.

There were several factors that made an individual more likely to perform active follow-up and these included being a medical oncologist (compared to radiation oncologists and palliative care physicians), having access to a palliative care program and feeling the responsibility to write a condolence letter. The most commonly perceived barriers to bereavement follow-up were lack of time and uncertainty as to which family member to contact. In addition, feeling uncomfortable about what to say and a lack of bereavement support resources made it less likely that one would follow up.

"This study highlights the needs to more clearly define the physicians' role in bereavement activities and address bereavement activities in provider's post-graduate training as we work to improve the multidisciplinary treatment of cancer patients and their families," Kusano said.

Provided by American Society for Radiation Oncology

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