### Contacting Relatives by Phone to Communicate Death of a Patient

**Preparation (STEP 1)**
- Take a moment to compose yourself. A few slow deep breaths will help you focus.
- Check patient’s information: patient name? Did they have children/a partner? If you can, relatives have found it helpful to know the name of who was with their loved one towards the end of their life.
- Check latest protocol following death of a patient and what bereavement support is available.
- Consider rehearsing/role playing what you are going to say with a colleague.
- Find a space where you won’t be interrupted. Pass your bleep/phone to a colleague. If possible, use a landline to make the call.

**Starting Off (STEP 2)**
- Introduce yourself by name.
- Clearly explain which team and hospital you are calling from.
- Establish who you are speaking to and their relationship to the patient.
- Check they can talk privately.
- Speak slowly with pauses between sentences. Counting to 3 in your head can help slow you down, particularly if you’re feeling nervous.
- If the person is very distressed they may ask straight away if their relative has died - still use the ‘warning shots’.
- If the person does not answer the phone - DO NOT leave a voicemail.

**Warning Shots (STEP 3)**
- Briefly set context for telephone call.
- Ask if there is anyone else (e.g. partner) they want to be in on the call too.
- Remember to speak slowly, clearly and with pauses.

**Giving Knowledge and Information (STEP 4)**
- Talk VERY slowly, honestly and realistically.
- Avoid euphemisms (do not say passed away) and technical jargon.
- After you have told the person that the patient has died, STOP for a few seconds to allow the person to take in what you have said.
- Listen for reactions to gauge when they are ready for more information.
- Remember pauses are important as you can’t see the other person’s reaction to what you are saying.

**Responding to the Emotional Impact of the News (STEP 5)**
- Support person with their own feelings/distress about the bereavement.
- Distress may limit their capacity to absorb information.
- Silences can feel uncomfortable and longer than they actually are on the telephone. It is difficult to know how a person is reacting when you can’t see them; there may be other people in earshot including children.
- Don’t feel you have to fill the silences.
- Using sounds and words, e.g. ‘uh-huh’, ‘mmm’, “take your time — I’m still here” replaces eye contact or touch, and confirms your presence.

**Establish If the Patient Had Important Relationships With Any Children (STEP 6)**
- Check if the patient was important to any children; names and approx ages.
- If children are under 25 years old, go to Page 2.
- If children are over 25 years old, or no children identified, go to Step 7.

**Make a Plan (STEP 7)**
- Finish by explaining what will happen next. using most up to date hospital policy regarding death certification, mortuary etc.
- Reassure them they will not have to manage this alone; direct to established bereavement services and online resources.
- Repeat your name and which department you are calling from.
- Update patient file and tell other staff that the next of kin have been told.
- These are emotionally exhausting conversations. Take a minute to check how you are feeling/take 5-mins/cup of tea/snack/talk to your team.

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STEP 6a: IF THE PATIENT WAS IMPORTANT TO CHILDREN DISCUSS HOW TO TALK TO THE CHILDREN

- Telling children about a loved one’s death is emotionally challenging. People don’t want to cause distress, but children need to know.
- Discuss children’s awareness of what has been going on. Remind them that even very young children will have noticed changes in their environment and will be looking for explanation.
- If person expresses fear about how to tell the children, consult ‘How to tell children’ document which includes suggestions on answering children’s common questions.
- Reassure it will not cause harm to tell children how adults are feeling, but careful not to over share extreme emotions.
- If parents are separated, confirm who will tell the children and encourage consistent messaging by adults to avoid confusion.
- In lockdown situations there will be very little privacy and time for people to prepare themselves or get support from a friend or relative.

STEP 6b: HELPING TO PREPARE FOR CHILDREN’S COMMON QUESTIONS

- Prepare people for common questions that children may ask.
- People need to consider the child’s age and level of understanding.
- Encourage person to check what the children know and understand already; ask children if they would like more information or have questions about what has happened.
- See ‘How to tell children’ document which includes how to answer children’s common questions for different age groups.

STEP 7: MAKE A PLAN

- Finish by explaining what will happen next, using most up to date hospital policy regarding death certification, mortuary etc.
- Reassure them they will not have to manage this alone; direct to established bereavement services and online resources.
- Repeat your name and which department you are calling from.
- Update patient file and tell other staff that the next of kin have been told.
- These are emotionally exhausting conversations. Take a minute to check how you are feeling. Do you need to take 5-mins/a cup of tea/snack/talk to your team?

TOP TIPS

1. Find a quiet place. Make sure you have the key information. Use a landline if possible.
2. Speak slowly, clearly, with pauses.
3. Counting to 3 in your head can help slow you down, particularly if you’re feeling nervous.
4. Silences can feel uncomfortable and longer than they actually are on the telephone. Don’t feel you have to fill the silence.
5. Remember that the patient may be important to children; it is essential to help adults think about how to tell children as soon as possible.
6. These are difficult conversations; take time to look after yourself, it may be helpful to ‘off load’ to a colleague or reflect with your team.