Practicing Grief Therapy May Be Bad Medicine

H. Paul Santmire

Should physicians attend the funerals of their patients? Dr. Patrick Irvine of the St. Paul-Ramsey Medical Center in St. Paul, Minn., has argued in the New England Journal of Medicine that the healing role of the physician must be extended to the loved ones of a deceased patient.

This will be good both for the bereaved and the physician, Irvine said. It will show the bereaved how much the doctor cared for the patient, and thereby provide comfort. It will also allow doctors to resolve some of their own feelings of failure, remorse or guilt.

Whatever physicians themselves finally decide to do with this issue, the rest of us should realize that if we expect them to participate in the process of grief therapy we may well be prompting them to practice bad medicine.

The larger social context has a lot to say about whether such gestures will be good medicine for those who are mourning. For a complexity of reasons, our society produces individuals isolated from traditional communal networks, such as family or religion. Many respond to the pain of their isolation with quick-fix strategies. Some may dull the pain by excessive activity or by using drugs. Others may seek gratification in an extramarital affair or a trip to some romantic island. But these strategies produce only temporary relief at best.

Nowhere is this more apparent than in the context of death and dying. The lonely individual who seeks to dull pain through instant gratification sometimes engages in bizarre or frantic behavior when a loved one dies.

At one extreme, some privatize their grief to the point of total denial. There is no wake, no friends beyond the immediate family at the funeral, no invitation to friends and neighbors to drop by the house. Sometimes there is not even any funeral.

For these totally private mourners probably no singular professional visitation, by a physician or anyone else, will be of help. What they need is to be enabled to discover some context, such as that offered by traditional religious practices, where mourning is affirmed, not suppressed, and where the bereaved are given some hope beyond the days of sadness and loss. The doctor could do more good by urging them to turn in that direction than by intervening in a stop-gap way.

At the other extreme, the bereaved may reach out effusively and desperately for any kind of human contact, with anyone who happens to be at the wake or the funeral, be they professionals, such as clergy or physicians, or little-known acquaintances. In this case, the bereaved try to create instantly the family or neighborhood or network of religious traditions which they have forsaken or lost.

It is doubtful that these effusive mourners would be helped by any instant intimacy at the wake or funeral. On the contrary, a week or a month or a year later, these mourners may find themselves worse off than they were at the time of the death itself.

What this type of mourner needs is not instant intimacy but someone who cares about them faithfully and who is willing to walk with them and guide

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them toward new personal ties and spiritual sup
port. Again, rather than trying to meet the dee
needs of the bereaved in a stop-gap way, the phys
cian could be of help by urging them to seek o
someone for sensitive guidance.

What about those who do have networks of su
port to fall back on in times of grief? In their ca
the physician's appearance at the funeral would
superfluous.

The toll in psychological and physical ener
that a regular program of attendance at wakes a
funerals might exact from physicians also needs
be considered. Most people would surely want th
surgeons, for example, to focus all their attenti
skill and energy on the operations they perform. Few of us would want them distracted or drained emotionally and physically by concerns outside the hospital.

Maybe we should be asking how we can be more supportive of physicians rather than how they can be more supportive of us. Do we want to add to their burdens by expecting them to extend themselves in ways that may be only marginally helpful or even counterproductive? That would be bad medicine for everyone concerned.

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