



Letter to the editor

Burnout and devastated feeling on patient's death: Universal to clinicians



Keywords:

Burnout
Clinicians' burden
Clinicians' stress
Patients' deaths
Psychological trauma

Dear Editor,

Rodrigues-Rey et al.¹ demonstrated a high prevalence of burnout of paediatric intensive care staff. The following three findings attracted our attention: (i) patient's death increased staff's burnout, (ii) prevalence of burnout did not differ between paediatric critical vs. noncritical ward staff, and (iii) burnout emerged after conflicts with families or colleagues. We have some addition and clarification.

First, devastated feeling and burnout when clinicians encounter death of a patient is considered common, irrespective of the medical speciality. For example, as an obstetrician, the first author has emotional distress when he encounters patient deaths. The death of a patient may have some speciality specific characteristics. In obstetrics, childbirth occurs within a wellness concept, and maternal/

infant death is rare; consequently, when it occurs, staff may feel devastated and blame themselves.^{2,3} We report similar experiences of the other author who work in paediatric cardiology and neurosurgery clinical areas who also report distress after a patient's death.

These experiences we have shared illustrate that a patient's death may pose psychological burden on clinicians, irrespective of the speciality in which it occurs, and is not directly linked to the mortality rates of the speciality. In the study by Rodrigues-Rey et al.,¹ prevalence of burnout did not differ between paediatric critical and noncritical ward staff. Although deaths may be much more frequent in paediatric critical than in noncritical patient populations, patient's death was equally associated with staff's burnout.¹

Third, conflict with patients and families can contribute to burnout,¹ particularly if a death is sensationally or erroneously reported.^{2,3} Thus, clinicians should clearly communicate that clinicians sympathise with patients and family members to the extent that they themselves experience burnout. Clinicians should also work with the media to ensure that fair, comprehensive, and informed reporting of medical issues occurs. Supports from the colleagues are of paramount importance (Fig. 1).

We believe that the death of a patient, irrespective of its frequency and clinical context in which it occurs,⁴ may contribute to feelings of helplessness and devastation in clinicians and contribute to burnout. Rodrigues-Rey et al. have demonstrated well how this issue affects their speciality of paediatric critical care medicine. This

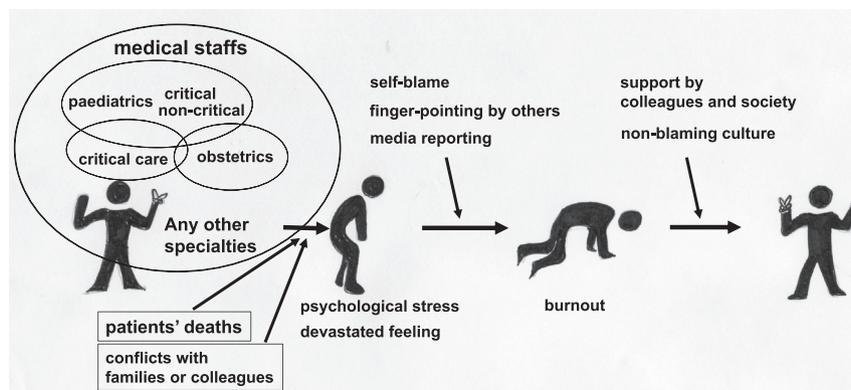


Fig. 1. Schema illustrating psychological burden and burnout caused by patient's death on medical staff. Critical medicine, obstetrics, and paediatrics are described for examples, but the psychological reaction caused by patient's death may be fundamentally the same, irrespective of their specialities (see text).

is, however, an issue that affects medical, nursing, and allied health practitioners more widely and is not unique or pertinent to critical care areas only.

Ethical approval

Not needed.

Funding

None.

Patient anonymity

Not applicable.

Informed consent

Not applicable.

CRediT authorship contribution statement

All authors contributed to this study and read and approved this revised final version. **Shigeki Matsubara, Daisuke Matsubara, and Teppei Matsubara:** involved in identification of the significance; conceptualisation; and data curation. **Shigeki Matsubara:** wrote the original draft. **Daisuke Matsubara and Teppei Matsubara:** edited the manuscript.

Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.aucc.2018.08.006>.

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20 June 2018