

On the merits of writing to the next of kin after the death of your patient: an Australian perspective

Roger KA Allen

It has long been my practice to write a letter of condolence to the next of kin of any patient of mine who has died. As a thoracic and sleep physician, I share a practice with my wife (a psychiatrist) in rooms attached to a private city hospital. I rarely see patients in their own environment, as most come from outlying suburbs or provincial towns. Nevertheless, I get to know many patients quite well, sometimes over a period of many years.

However, unlike my father, who was a solo general practitioner initially in the country and later in Brisbane, I am unfortunate in being cut off from the local community in which patients live. He and my mother, who practised with him as a nurse, knew the patient's whole family, the parish priest, and the names of their children and dogs, not to mention their full address. They saw three generations pass through their surgery.¹

Over the years, I have also noted changes in the doctor–doctor relationship, which often affects our attitudes within the profession, and the fragmentation of services due to specialisation and defensive medical practice. Letters can be dangerous in the hands of lawyers, but surely not the simple letter of condolence.

A recent American perspective on doctors' letters of condolence shows that grieving has changed over the past century in US society, so that such letters from doctors are now infrequent.² People are expected to "get over it" in a matter of weeks. This is in marked contrast with the custom in my grandparents' time, when "full mourning" was symbolised by black clothing, followed by a period of "half mourning", signified by grey. Certain behaviour was proscribed during the mourning period, such as going to parties and balls; any jewellery worn had to be made of jet, with no sparkly diamonds; and so it went on.

As a specialist in Australia, there are several reasons why I persist in writing letters of condolence today.

The first reason is that it is simply a decent, tangible thing to convey my sympathies in writing to the next of kin and show that the patient was not just a "file" or a Medicare item number. Sometimes it may be possible to explain why the patient died, particularly if relatives are confused or upset about the mode of death, but generally such details are not required.

The second reason is for myself as a sort of closure on what may have been a long and pleasant relationship with not only the patient but also the family and friends. I am given the opportunity to express both grief and the positive aspects of this unique doctor–patient relationship. Some may see this as "soppy", but I believe I have learnt over the years that we neglect our own soul at our peril.

The third reason is to convey to my staff my sentiments and to give them, too, some form of closure, as the feelings of staff are often overlooked. They may type, read and send the letter and therefore are an integral part of the process. It also sets a tone for my practice. The helmsman is at the helm leading by example.

The fourth reason is that a copy of this final letter is filed in the patient's record that will go off to the archives for the statutory

number of years. This indicates to anyone who recalls the chart that the patient has died. I have seen situations in which a patient's chart is pulled out of the records and a routine appointment (eg, annual follow-up) made for someone who has long since died. This unwitting contact with relatives may lead to unnecessary distress. I recently did a lengthy medicolegal report about a man who had died of lung cancer. In a mountain of subpoenaed medical notes, including that of his family doctor, I could not find the date or situation of his death, let alone a single letter of condolence.

By way of a general example, I recently wrote the following letter to the wife of an elderly ex-serviceman I had had the privilege to treat for many years. He had gone downhill very suddenly. As a former Army medical officer myself, with service in East Timor, I often shared with him reflections about world events.³

Dear [name of wife]

I was sorry to hear the bad news this morning that . . . had died from lymphoma. I received the biopsy report yesterday and I was going to telephone you this morning to see how he was going.

I always enjoyed seeing him and respected his long military background, which was longer than I have seen in any patient in my career and spanning nearly every conflict we have been involved in, including World War 2. The RSM* is the backbone of the Army. I salute him.

I am sure he will be sadly missed by you and your family and I wish to convey my sincere sympathies at his passing.

Yours sincerely . . .

I write this article for all doctors, but most of all for those who are just entering the profession. I commend this practice as we share in this mortal business, as it is also for us "for whom the bell tolls".

Author details

Roger KA Allen, MB BS(Hons), FRACP, PhD, Thoracic and Sleep Physician

Wesley Medical Centre, Brisbane, QLD.

Correspondence: rogerallen@internode.on.net

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* RSM = Regimental Sergeant Major.

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