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# Support for close persons following a sudden death

## NRF Clinical Practice Guidelines™

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**DECLARATION OF INTEREST:** The members of the guideline working group and the expert group have no interests related to the topic of the guideline from which they would benefit financially or that could affect the reliability of the guideline.

## VERSION HISTORY OF THE GUIDELINE

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# Table of contents

COMPOSITION AND AFFILIATIONS OF THE WORKING GROUP 2

Introduction 5

Purpose, aim, and target groups 6

Purpose and aim of the guideline 6

Target groups 6

Key concepts 7

Recommendations 8

1. Encountering close persons 8

2. Diverse, immediate, and long-term support 9

3. Farewell to the deceased 14

4. Professional competence 16

Implementation of the guideline 17

References 20

# Introduction

A death for which neither the dying person nor their close persons have been able or known how to prepare is referred to as a sudden death. Sudden death occurs without prior warning or symptoms.[1] Grief associated with death is a normal, individual, and dynamic process[2] that has a comprehensive and long-lasting impact on the bereaved person and their life. Sudden death has multifaceted effects on the health, functional capacity and quality of life of bereaved close persons.[3,4] These long-term and multifaceted consequences emphasise the importance of promoting coping among close persons and preventing adverse outcomes. Social support has been identified as one of the key factors promoting coping among close persons.[5,6] In a similar manner, competent and skilled encounters and support provided by professionals have been found to promote coping among the close persons of a suddenly deceased individual.

Supporting the close persons of a suddenly deceased individual is a demanding task for professionals. Such support is complicated by the absence of an established care relationship between professionals and close persons, as sudden deaths often occur outside healthcare units and established care contacts. Inconsistent practices and the challenging nature of these situations underscore the need for and importance of this updated national clinical practice guideline. Professionals who encounter the close persons of a suddenly deceased individual require knowledge of support approaches that close persons have found beneficial.

This clinical practice guideline supersedes the NRF Clinical Practice Guideline™ of the same title published in 2018.

# Purpose, aim, and target groups

## Purpose and aim of the guideline

The purpose of this clinical practice guideline is to compile the available evidence based on critically appraised research and to provide evidence-based recommendations for supporting the close persons of a suddenly deceased individual. The guideline describes support interventions that close persons have found beneficial, that promote coping, or that have positive effects on their health and well-being. The support interventions intended for close persons who have experienced a sudden death are presented as a single integrated whole, irrespective of the differing causes of death.

The aim of the guideline is to increase knowledge of the support received and needed by the close persons of a suddenly deceased individual, and of professional support that promotes their coping. Furthermore, it aims to facilitate the harmonisation of practices for supporting close persons in health and social care, first-line services, and society.

## Target groups

The guideline is intended as a national recommendation for health and social care professionals working in different contexts (including paramedics, physicians, nurses, social workers, and hospital chaplains), other professionals who encounter the close persons of a suddenly deceased individual in their work (including fire and rescue personnel, church employees, and police officers), voluntary organisations (volunteer and peer support), and multidisciplinary teams providing psychosocial support (including crisis teams). The guideline is specifically intended for professionals who encounter the close persons of a suddenly deceased individual, but also for decisionmakers.

# Key concepts

### Close person of a suddenly deceased individual

Under the Finnish Administrative Procedure Act, a close person refers to a spouse, child, grandchild, sibling, parent, sibling's child, or another person who is particularly close to the individual. The definition also includes the siblings of the individual's parents and their spouses, siblings' children, and former spouses. In a similar manner, a spouse's children, grandchildren, siblings, parents, and grandparents are classified as close persons. Cohabiting partners and persons living in marriage-like circumstances or in a registered partnership are also considered close persons.[7]

In this guideline, a close person is defined as a person whom the suddenly deceased individual identified as a close person, for example in patient records, or as a person who considers themselves to be a close person of the deceased and whom health and social care professionals, other professionals who encounter close persons in their work, voluntary organisations, and professionals providing psychosocial support encounter in their work.

### Sudden death

In this clinical practice guideline, sudden death is defined as an unexpected and unforeseen death for which neither the person who died nor their close persons could have prepared. Sudden death may result, for example, from an accident, injury, suicide, sudden medical event, violence, homicide, or stillbirth. Deaths due to overdose of alcohol or other substances, as well as deaths resulting from mass killings, are also defined as sudden deaths.

### Support provided to close persons

When a person dies suddenly, support for their close persons may be defined as a comprehensive process aimed at alleviating the psychological, emotional, social, and practical burden they experience and at helping them identify ways to adapt to an unexpected and traumatic loss. Forms of support are often divided into emotional, practical, informational, decision-making, financial, mental, psychological and spiritual support.[8,9] The term psychosocial support is often used, as it encompasses all the aforementioned forms of support.[10–12]

The purpose of support is to improve the quality of life of close persons and to promote adaptation to the situation. In this clinical practice guideline, support refers to the diverse support provided by health and social care professionals, other professionals who encounter the close persons of a suddenly deceased individual, voluntary organisations, and multidisciplinary support teams.

# Recommendations

## 1. Encountering close persons

**Encounter the close persons of a suddenly deceased individual and respond to their needs respectfully, because**

- **there is strong evidence of the significance of an individualised and respectful encounter to the close persons of a suddenly deceased individual[13–19]. (A)**

  - When encountering the close persons of a suddenly deceased individual, it is essential that the professional is capable of initiating discussion and providing them with sufficient time and space, enabling them to feel heard.[17,19] It is important to acknowledge and take their loss, grief, and related needs seriously.[18]
  - Interaction should be compassionate, respectful, caring, honest and individualised.[13,16] The professional may also express their own distress concerning the sudden death.[15]
  - Siblings of people who died by suicide have stated that bereaved persons should be encountered empathetically, both verbally and non-verbally, while avoiding the communication of pity, listening attentively, and maintaining eye contact.[14]
  - Professionals should encounter close persons on the basis of their needs; the status of the deceased or of the close person should not influence the encounter. For example, bereaved people with drug dependence have expressed the wish that drug use should not prevent professionals from offering unconditional assistance.[18]

- **the evidence is of very low certainty, but it suggests that the close persons of a suddenly deceased individual face cultural barriers to seeking help[20]. (D)**

  - Family members should be encountered with respect for their individual and cultural practices and religion, while demonstrating concern and care.[15]

**Encounter the close persons of a suddenly deceased individual equitably, because**

- **there is moderate evidence of the support received by the close persons of a suddenly deceased individual varying base on the manner of death[11,18,21]. (B)**

## 2. Diverse, immediate, and long-term support

**Enable the close persons of a suddenly deceased individual to access crisis support, because**

- **there is moderate evidence of the close persons of a suddenly deceased individual perceiving crisis support from professionals to promote coping with grief[4,22,23]. (B)**

  - Under Finnish law, psychosocial support must be arranged for individuals, families, and communities in sudden traumatic situations. Psychosocial support refers to immediate support and the coordination of support provided jointly by healthcare and emergency social services. Immediate support is delivered through acute crisis work, social work, and social guidance.[24,25] In addition, emergency medical services include referring the close persons of a deceased individual and other persons involved to psychosocial support where necessary.[26]
  - People bereaved by a drug-related death have described a need for comprehensive crisis support or a crisis team comprising health and social care professionals. They have stated that professionals should be required to assess the support needs of close persons so that appropriate support can be offered.[21]

**Enable the close persons of a suddenly deceased individual to obtain information and support immediately after the death and throughout the grieving process, because**

- **there is strong evidence of the close persons of a suddenly deceased individual considering the provision of comprehensive and comprehensible information about matters related to the death as important[14,15,27,28]. (A)**

  - Close persons have described written information as particularly important in an acute situation, as orally provided information may be difficult to absorb and remember.[18]
  - In an emergency department, the close persons of a suddenly deceased individual have considered it important to be informed, as early as possible, that the patient's condition may result in death. After the death, they have found it helpful to have an opportunity to inquire about the cause of death and to receive a clear account of the death, for example by discussing it with a professional involved in the patient's care. Information provided by professionals on procedures and investigations after death, as well as care and resuscitation preceding death, has also been considered beneficial.[15]
  - Parents who have experienced stillbirth have described valuing information provided sensitively, appropriately and reassuringly, and having sufficient time and space to absorb it.[27] Information about giving birth and what to expect afterwards,[27,29] is required, for example, regarding seeing the deceased baby or becoming pregnant following a stillbirth.[27]

- **there is moderate evidence of information related to a sudden death helping close persons understand the event and cope with the situation[13,16,30]. (B)**

  - Information is needed, for example, about:
    - funeral arrangements
    - available support and the rights of close persons
    - common grief reactions
    - investigation of the cause of death and possible legal proceedings
    - details of the events and any treatment provided.[30]

- **there is strong evidence of the support needs of the close persons of a suddenly deceased individual being continuous and long term[14,15,20,21,27,28,30–32]. (A)**

  - Siblings of a person who died by suicide have described wishing for immediate and repeated contact from professionals, as they may lack the strength to seek support themselves or struggle to express their need for help clearly. They have considered repeated offers of assistance essential, as help may only be accepted when the initial shock has subsided.[14]
  - People who have experienced stillbirth have described the importance of receiving support both sufficiently early prior to discharge[31] and over the long term, as the loss may continue to affect life long after the pregnancy. Follow-up and continuity of care, including the opportunity to meet with the same healthcare professionals, are important. For example, a follow-up appointment may help reduce parents' uncertainty regarding the cause of stillbirth or a subsequent pregnancy. Clear care pathways across the interface between specialised and primary healthcare are required to ensure continuity of support.[27,29]

- **there is strong evidence of the close persons a suddenly deceased individual being unintentionally left without the support they need[10,22,23,31–33]. (A)**

  - The close persons of a suddenly deceased individual have described being left without support when they did not have the strength to contact support services themselves during the acute phase.[22] In addition, they have identified naturally occurring opportunities for offering support that were not utilised, even during discussions of practical matters related to the death with professionals.[31,33]

**Offer the close persons of a suddenly deceased individual different forms of support, because**

- **there is strong evidence of people suddenly bereaved of a close person needing emotional support[10,15,28,34–36]. (A)**

  - Emotional support may include individual discussions with professionals or participation in a support or bereavement group.[10]
  - Mothers who have experienced the sudden death of a baby have described valuing home visits by a public health nurse, even when the family has no children below school age.[33]
  - Parents who have experienced stillbirth have considered it important that healthcare professionals help them express their concerns.[29] Support groups and peer support have been found beneficial,[29] although more support from healthcare professionals, chaplains, and crisis workers in hospital has been desired.[36] In addition to parents, the baby's siblings may require professional assistance, for example from a child psychologist, in coping with grief.[36]

- **there is strong evidence of people suddenly bereaved of a close person considering discussion with professionals important[14–16]. (A)**

  - The close persons of an individual who died from a sudden cerebrovascular event have described communication between healthcare staff and close persons as an important experience of receiving support. Support may be received from healthcare staff as well as from other close persons, and it may include sitting together or talking.[16]
  - Some close persons of a suddenly deceased individual consider discussion with professionals important because they do not wish to overburden friends and family with their grief. Discussion with a professional reduces the need to share thoughts and feelings with close persons.[14]

- **there is strong evidence of people suddenly bereaved of a close person considering practical support offered by a professional important[13,15]. (A)**

  - Practical support includes, for example, providing information about necessary arrangements[10] or ensuring basic needs, such as food and sleep.[36]
  - Bereaved people who currently use or have previously used substances and whose close person died from drug use have described support focused on spending time together as important. Such forms of support include low-threshold services that permit participation without fixed schedules. A sense of community enables close persons to decide whether they wish to discuss the death and their grief.[18]

- **the evidence is of low certainty, but it suggests that spiritual support and guidance are significant in alleviating stress among mothers who have experienced stillbirth[37]. (C)**

  - Mothers who have experienced stillbirth have described spiritual support as beneficial in helping them address concerns regarding recurrence, fear of pregnancy, the appropriate timing of a subsequent pregnancy, antenatal care, and supporting the siblings of the baby who died in utero.[37]
  - Parents who have experienced the death of a child have wished professionals to help alleviate their emotional burden, including through spiritual or philosophical discussion and the provision of spiritual support.[38]

**Actively discuss with the close persons of a suddenly deceased individual whether the support offered to them is sufficient, because**

- **there is strong evidence of the close persons of a suddenly deceased individual person needing support throughout the grieving process[10,14,21,32,39]. (A)**
  - When referring close persons to services, it should be recognised that they have described receiving support not only from professionals but also from family members, friends, and from peer-support groups such as bereavement groups organised by parishes.[10,21,39]
  - The close persons of individuals who died from drug use have disclosed that they may not know what kind of support they need or where to find it. In addition, they may lack the resources to contact support providers. They have considered it particularly important that close family members of the deceased, such as children and siblings, are cared for and given particular attention.[21]
  - Parents of young people who died by suicide have wished for guidance on, for example, how to help and support surviving siblings and how to respond to differing grief reactions among family members.[39]
  - The support needs of mothers and fathers who have experienced stillbirth may differ. Fathers have, for example, described wanting to participate in decision-making and focus on practical matters.[29]

- **there is moderate evidence of the experiences of close persons of suddenly deceased persons regarding support offered by professionals varying[17,19,40]. (B)**

  - The close persons of homicide victims have described seeking professional help or participating in various support groups even when they did not consider these particularly necessary or beneficial. Conversely, reasons for declining to attend or discontinuing support groups have included the intense emotional expressions of other participants which were

described as distressing, reluctance to revisit the event repeatedly, or unwillingness to cry in front of others.[40]

### *Peer support for the close persons of a suddenly deceased individual*

Research has identified a need for peer support among the close persons of a suddenly deceased individual as a complement to professional support.[10,12,29,34,35,40,41] Peer support provides an opportunity to share experiences with others who have experienced a similar loss.[4,10,41] It may help close persons understand what has happened,[4,12] validate the loss and grief,[34] provide a sense of safety and comfort, and create space for maintaining a connection with the deceased.[12] Peer support may take many forms, including individual support, peer-support, or bereavement groups, experts by experience, telephone support and formal or informal online interaction. Some peer support may be organised by professionals. Evidence indicates that peer support is important, although experiences may vary between individuals and across different types of loss.[33,42]

### *The role of the close support network in supporting the close persons of a suddenly deceased individual*

Research has identified the central importance of support from close and wider social networks for people suddenly bereaved of a close person.[10,12,23,30,34,35,41,42] Assessing the close support network and guiding its members in supporting the close persons of the deceased is important and complements professional support. Through their close support network, such as friends, family, neighbours and colleagues, close persons can gain reassurance that support will remain available irrespective of events. Support from the close network may include commemorative acts, expressions of compassion, presence, staying with the bereaved person during the first days and nights, and caring for the bereaved person or their children.[41] Some close persons consider support from their close network sufficient for coping,[33] while others may experience a lack of support from that network,[41] as close persons facing the same crisis may have a limited capacity to support one another.

## 3. Farewell to the deceased

**Offer the close persons of a suddenly deceased individual an opportunity to see the deceased, because**

- **there is strong evidence of the importance of seeing the deceased to the close persons of a suddenly deceased individual, and it may help them cope during the grieving process[13,15,22,30]. (A)**

  - Funerals and memorial services are central rituals in saying goodbye.[30]

**The evidence is uncertain, but it suggests that saying goodbye to the deceased helps the close persons of a suddenly deceased individual recognise the reality of the death[13]. (C)**

- **there is moderate evidence of coping with grief being more difficult for the close persons of a suddenly deceased individual if they have no opportunity to say goodbye to the deceased[13,22]. (B)**

  - People suddenly bereaved of a close person who had no opportunity to view the deceased have described a prolonged sense of emptiness.[13]
  - Siblings of a person who died by suicide have described feeling excluded when they were unable to view the deceased or attend the funeral. This experience of becoming a disenfranchised mourner impaired coping with grief.[22]

**Support the close persons of a suddenly deceased individual when viewing and saying goodbye to the deceased, because**

- **there is moderate evidence of the close persons of a suddenly deceased individual considering it important to be prepared for viewing the deceased[27,43]. (B)**

  - The close persons of a suddenly deceased individual have considered it important to receive information and preparation before viewing the deceased, including descriptions of the appearance of the deceased and the room.[43]

- **there is moderate evidence of the close persons of a suddenly deceased individual valuing individualised support relating to viewing and saying goodbye to the deceased[13,27,43]. (B)**

  - It may be important to discuss the available options with close persons so that they can decide whether they wish to view the deceased and whether this should occur immediately or at a later time. For those who wish to view the deceased, it may be important to dress the deceased and spend time with them without authorities present.[43]
  - Parents who have experienced stillbirth have described the importance of healthcare professionals demonstrating sensitivity and compassion when supporting them in viewing and parting from their deceased baby, treating the baby respectfully, and acknowledging the parents' individual and shared wishes.[27]

**Help the close persons of a suddenly deceased individual to create memories of the deceased, because**

- **there is moderate evidence of the close persons of suddenly deceased individuals valuing practical assistance in collecting mementoes[15,27]. (B)**

  - Parents who have experienced stillbirth have described valuing the opportunity to spend time with and create memories of their deceased baby.[29] Memories may be created, for example, by collecting mementoes such as photographs, a lock of hair, handprints and footprints, or the baby's identification bracelet.[27]



## 4. Professional competence

**Ensure that you have adequate competence before entering situations in which you encounter the close persons of suddenly deceased individuals, and seek further training where necessary, because**

- **there is strong evidence of the close persons of a suddenly deceased individual perceiving that professionals do not always have adequate capabilities to provide support[20,23,28,37]. (A)**

  - Professional assistance may be offered inconsistently, without a uniform approach, and with varying content. The most vulnerable close persons do not always receive the best available assistance; chance plays a considerable role in determining the support they receive. The quality of assistance also appears to depend on the personal characteristics and competence of those providing it. While some close persons are contacted by professionals and offered assistance, others must know to request assistance themselves, or someone in their support network must contact a crisis or peer-support group on their behalf.[39]

- **there is moderate evidence of the close persons of suddenly deceased individuals considering professional competence important[21,33]. (B)**

  - Professionals should familiarise themselves with crisis reactions associated with sudden and unnatural deaths to understand the traumatic effects of such deaths, including difficulties concentrating, nightmares, and sleep disturbances.[21]



# Implementation of the guideline

This national NRF Clinical Practice Guideline is intended for use by health and social care professionals, professionals in other sectors, people working in voluntary organisations, and teams providing psychosocial support when they encounter the close persons of a suddenly deceased individual.

The clinical practice guideline is intended to provide a basis for national programmes and quality recommendations and to support decision-making and personnel management by leaders in health and social care. Incorporating the guideline into organisational or unit-level practices contributes to client and patient safety.

### Establishing consistent practices

The clinical practice guideline provides a basis for developing nationally consistent practices and related care pathways. It can be used to develop local and detailed protocols for different operational units, such as emergency departments, emergency medical services, and delivery suites, to translate the guideline into practice.

### Prerequisites for consistent practices

Establishing and maintaining consistent practice based on the clinical practice guideline requires both cross-organisational and local collaboration and agreements within wellbeing services counties, including cooperation with third-sector organisations. Adequate resources are also required, including time to develop a consistent care pathway, communicate about it, ensure competence through training and induction, and build collaboration among the relevant parties and stakeholders.

It is essential that the leadership of organisations and work units operating within wellbeing services counties creates the conditions for developing consistent practice and the associated protocols and patient information. Furthermore, leadership must strengthen collaboration between operational units and professional groups so that practice aligned with the clinical practice guideline becomes embedded as sustained evidence-based practice.

### Benefits for close persons

Consistent protocols can promote individualised and equitable encounters with, and support for, the close persons of a suddenly deceased individual; enhance their well-being and coping; and increase satisfaction with the services they receive. Satisfaction may be assessed, for example, through service-user feedback.

### Benefits for professionals

Supporting the close persons of a suddenly deceased individual is a demanding task for professionals. Consistent protocols based on the clinical practice guideline strengthen staff

competence. The guideline should, therefore, be used in staff induction and as a basis for training. Staff competence may be assessed, for example, through competence assessments.

Multidisciplinary collaboration, consistent practices, and adequate competence may reduce the burden associated with these situations and thereby promote staff wellbeing. Staff wellbeing may be measured, for example, through staff surveys.

### Use of the guideline in education and training

The clinical practice guideline is intended for inclusion in the initial education of different professional fields and for use in continuing professional development.

# Methods

### Literature search and selection of information sources

The NRF Clinical Practice Guideline is based on a systematic literature search conducted by a library information specialist on relevant databases in accordance with a search plan developed by the guideline working group.

The selection of research articles is based on inclusion and exclusion criteria specified in advance by the guideline working group. The guideline working group systematically screens the records in Covidence, first by title and abstract, and subsequently by full text. Each record is assessed independently by two members of the guideline working group. Any disagreement is resolved through consensus discussions.

From the selected research articles, the guideline working group identifies the findings central to the guideline. Thereafter, researchers at the Nursing Research Foundation produce AI-assisted translations of the findings and prepare methodological descriptions of the studies in accordance with a predefined template.

### Critical appraisal

The methodological quality of the included research articles is assessed using the JBI critical appraisal criteria adapted to each study design. First, two reviewers conduct an independent quality appraisal, after which the final assessment is reached through a consensus discussion between the reviewers. The clinical practice guideline includes scientific, peer-reviewed systematic reviews and primary studies whose methodological quality is assessed as sufficient: more than 50 percent of the criteria in the relevant JBI critical appraisal checklist must be met, together with all predefined critical criteria.

### Preparation of evidence summaries and recommendation statements

For each recommendation statement, an evidence summary describing the finding relevant to the recommendation statement, the methodological conduct of the study, the result of the critical appraisal, and the applicability of the research finding to the recommendation is prepared. The certainty of the evidence supporting each recommendation statement is determined by the strength and consistency of the evidence provided by the studies included in the evidence summary, acknowledging study quality and other considerations relevant to the certainty of evidence. The evidence summaries are published in Finnish on the website of the Nursing Research Foundation. In addition, the complete handbook for preparing NRF Clinical Practice Guidelines is available in Finnish on the Foundation’s website.

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