Parental Bereavement

Preliminary report of an important research project Hospital for Sick Children, Gt. Ormond St., London

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In the UK each year it has been estimated that over 5,000 families experience the sudden and unexpected death of a child between birth and the age of 16 years. Nowadays many of these deaths will occur in the stressful high technology environment of a paediatric intensive care unit (ICU) in which day-to-day decisions have to be made about continuation or withdrawal of life support systems. The families to whom this tragic event occurs are undoubtedly under great stress and the risk of serious psychiatric and psychosomatic morbidity must be considerable. In a recent study involving the parents of 25 children who died in the paediatric intensive care unit at Great Ormond Street, a standardised psychiatric interview was undertaken three months after the death of the child in the parent's home to assess the effect of sudden bereavement on this group. A further set of parents of 25 children who had survived admission to the same unit was used as a control group for comparison.

Both groups found the admission to the Intensive Care Unit extremely stressful. However, the bereaved parents' total level of psychological dysfunction was significantly higher than the controls', and in a substantial proportion there was evidence of serious psychological disturbance and difficulty in coping with day-to-day life following the death. In the control group a small number of parents also experienced serious symptoms themselves; a number of their children were still very unwell, critically ill or handicapped. There were no differences between social classes in these findings.

Mothers whose child was more than one year of age at the time of death had significantly more psychological dysfunction than fathers in the same group. Under the age of one year these differences did not exist. In the control group there were no significant differences between the parents no matter what the age of the child.

There was an indication that those parents who made frequent aoproaches to ICU staff during the child's admission had the most difficulty in accepting and coping with the death of the child when seen at follow-up.

The majority of bereaved fathers found that the most intense period of grief occurred in the first month; half of the mothers were still experiencing the same intensity of grief three months after the death. About one third of parents reported a worsening in the marital relationship since the child's death, although others reported either no change or a closer relationship.

It was concluded that bereaved parents who lose a child suddenly and unexpectedly are particularly vulnerable during the immediate bereavement period. Those expressing the most psychological disturbance, in particular mothers whose child is older than one year at the time of death, appear to be at greatest risk.

There is a great need for appropriate bereavement counselling and support for parents at this time.

OBITUARY

Dr. David Morris

The death of Dr. David Morris has robbed us of one of the most colourful and creative personalities in paediatrics. Children have lost a great friend, advocate and a doctor with an almost magnetic capacity to communicate with them.

David Morris qualified at the Middlesex Hospital, joined the Navy during the war and also worked with the Free French Navy. His love of children was apparent from the outset and he worked with displaced children in a refugee camp in Lubeck. After appointments at the Prince of Wales Hospital and the Queen Elizabeth Hospital, Hackney, he followed Dr. Waller as consultant paediatrician to the British Hospital for Mothers and Babies. He was later appointed to the Brook General Hospital, proudly claiming he was 'with the Woolwich' until his retirement from the Health Service in June, 1980.

David's interests were diverse and in a very real sense his personality and work ethic were finely interwoven. He was paediatric consultant to the National Childbirth Trust, honorary paediatric tutor to Guy's Hospital, vice-chairman of the Institute of Research into Mental and Multiple Handicap; a valued member of the Voluntary Council for Handicapped Children, on the Advisory Council of NAWCH and adviser to the Royal Society for Mentally Handicapped Adults and Children. All reaped the benefit of his expertise, innovative thinking and enthusiasm. David was also delighted to be made president of the Hunterian Society for 1980. He was the prime mover in the seminars for paediatricians held by the late Anna Freud in the '60s.

Dr. David Morris (left) talking to Lord Skelmersdale at the International Conference on Grief and Bereavement in Contemporary Society held in London in July 1988.

In day-to-day clinical work, Dr. Morris was in the forefront of paediatric practice in the broadest sense. 'Tell me what you think is wrong with your child' might initially panic the mother who expected the doctor to give the answers. But parents came to appreciate that consultation with Dr. Morris included the extra dimension