How to inform relatives and loved ones of a patient’s death

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Rationale and key points

› Informing relatives and loved ones of a patient’s death is a sensitive and often stressful task frequently undertaken by nurses.
› Effective communication skills and demonstrating compassion are essential when informing relatives and loved ones of a patient’s death.
› The nurse should use suitable language and choose an appropriate environment to ensure that information is conveyed clearly, sensitively and without interruptions.

Preparation

› The nurse should accompany relatives and loved ones to a private room in a quiet area to minimise the risk of being interrupted, and ensure that there are enough seats for everyone.
› The nurse should ensure that a telephone, box of tissues and glass of water are available.

Procedure

1. Introduce yourself by name and role. This informs the family of your relationship with the deceased, and enables the development of a therapeutic relationship with the family.
2. Ask who is present in the room and establish what the relatives and loved ones already know. This is also an opportunity to identify the family’s communication style and adapt your style accordingly.
3. Explain what has happened and that the patient has died. It is essential this is expressed without unnecessary delay. Avoid euphemisms, for example ‘passed away’, and use simple language such as ‘died’ or ‘dead’ so everyone is clear about what has happened and to avoid misunderstandings.
4. Allow time for the information to be taken in. You should be receptive to the reactions of the relatives and respond accordingly, using appropriate verbal and non-verbal communication skills.
5. Be prepared for the likely reactions of the relatives and loved ones so you can provide an appropriate and timely response. Initial reactions of shock, despair, anger and numbness are common.
6. Ask the relatives and loved ones if they have any questions. Some people may not want further information at this time, while others may wish to ask many questions. All questions should be answered, where possible.
7. Offer to contact other people on the relatives’ behalf regarding the patient’s death, and advise them that a telephone is available if they wish to do this themselves. This will enable relatives and loved ones to communicate the news to others in the way that they prefer.
8. If appropriate, offer relatives and loved ones the opportunity to view the body. Depending on the circumstances, it may be necessary to inform relatives that medical equipment is still present or that, for example, there may be evidence of trauma.

9. Prepare relatives and loved ones for the next steps to be taken and what will be expected of them, including practical matters relating to the death. It can be useful to provide an information booklet containing the relevant details.

**Evidence base**

Informing the relatives and loved ones of a patient’s death is a sensitive and often stressful task frequently undertaken by nurses (Reid et al 2011). An understanding of appropriate ways to inform others of a patient’s death can help to ensure this task is performed effectively.

It is important to consider various factors when informing relatives and loved ones of a patient’s death. An essential consideration is the language used. Technical language and jargon should be avoided (Harrahill 2005) and euphemisms such as ‘passed away’ should not be used. This reduces the risk of misunderstandings (Olsen et al 1998). The words ‘death’ or ‘died’ are appropriate and can be used frequently, if necessary.

Environmental factors need to be considered. A suitable, quiet environment should be provided (Warnock 2014) and the risk of being interrupted should be minimised. Warnock et al (2010) found that nurses identified lack of time as one of the main barriers to communicating bad news effectively.

Nurses require adequate time to deliver the news of a patient’s death in a sensitive manner, answer any subsequent questions and provide support.

Nurses have a duty to act with honesty and integrity (Nursing and Midwifery Council 2015). During the process of informing relatives and loved ones of a patient’s death, nurses should be compassionate and supportive, providing individualised and honest information (Hills and Albarran 2010). Offering the relatives a drink and the use of a telephone to call others can be helpful.

Effective communication skills are essential, including listening skills and awareness of non-verbal communication (Reid et al 2011). Active listening skills can assist communication between family members and the nurse. These skills include observing behaviour and body language, and using paraphrasing and repetition to clarify understanding of what the nurse has said (Elcock and Shapcott 2015).

The reactions of the relatives of the deceased may differ, often depending on the circumstances of the death. Their behaviour and expressions of sorrow may vary; crying, wailing and shrieking can occur, as can silence (Naik 2013). Death is likely to come as a shock whether it is expected or not, and those who are bereaved will display signs of grief (Shapcott 2015). Initial reactions of the relatives and loved ones may include shock, anger and disbelief. Kübler-Ross (1969) identified five stages of grief: denial, anger, depression, bargaining and acceptance (Figure 1). Although this process of grief occurs over time, having an awareness of its stages can help to prepare the nurse to inform relatives and loved ones of a patient’s death.

The way in which the death of a patient is communicated will have a lasting effect on relatives and loved ones, irrespective of whether it was done well or not (Harrahill 2005). Nurses should acquire the necessary knowledge and skills to ensure this difficult and emotional task is performed with compassion and sensitivity.

**Disclaimer:** please note that the information provided by Nursing Standard is not sufficient to make the reader competent to perform the task. All clinical skills should be formally assessed at the bedside by a nurse educator or mentor. It is the nurse’s responsibility to ensure their practice remains up to date and reflects the latest evidence.

**USEFUL RESOURCES**


**FIGURE 1**

Kübler-Ross stages of grief
**References**


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