

## The Robin's dance\*

Roy Lilley

Stop all the clocks,  
Cut off the phone.  
Prevent the dogs from barking at a juicy bone.  
Silence the pianos and with muffled drum;  
Bring out the coffin and let the mourners come.

The stars are not wanted now.  
Put out every one.  
Pack up the moon and dismantle the sun;  
Pour away the ocean and sweep up the wood  
For nothing, now, can come to any good.

W.H. Auden [1]

Is there anything more desolate than the death of a loved one? What comes near to describing the pit of grief and the wretchedness of despair? How to describe the indescribable. How to put into words the abject misery of it all? Perhaps Auden's poem comes close.

How to deal with the symbols that are left behind: the toothbrush, still in the rack; the coat hanging by the kitchen door; the unfinished book by the bedside. The robin that once, to the delight of two, skipped in and out of the holly bush, now knowingly hops a solitary jig. Nothing is ever the same. Grief, bereavement, anger and pain, nothing can ever be the same. The agonising memory of the final battle in a hospital bed. And, after the end has come the next day, more symbols. Belongings handed back in a black, plastic dustbin liner.

A bin liner? Surely not? Not in the world's finest health service? Not in the caring NHS. Oh, yes. In the NHS; a service populated by people who care more about caring than care itself. A bin liner full of night-clothes, a hair brush, some slippers, a dressing gown, half-used toiletries, yesterday's newspaper, a wrist-watch, a ring, a necklace, a few coins – it's all there. The get-well cards, the unopened box of chocolates, the photograph in the tiny frame, the underwear, the street clothes. All of it, heaped in the black plastic bin liner.

"I find it inexcusable when action or inaction by hospital staff compounds grief at a time when relatives are at their most vulnerable." [2]

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\*This thoughtful paper appeared first in the issue of *The Health Summary (THS)*, London, for February 1996. It appears here in the framework of the collaboration between *THS* and this Journal. The writer directs his reproaches and his questions to Britain's National Health Service. Might not the same be written of many other health systems in the world?

So do I. This extract from the 1995 Health Ombudsman's report highlights his concerns about the avalanche of complaints he receives from relatives, carers and friends about the way in which the NHS handles death and bereavement. It is a scandal, a shame and an ignominy. If the Ombudsman is to be believed, why does the NHS not begin to understand the end? There are no excuses, three out of four of us will die in a hospital bed. Nearly all of us will do it. There is no novelty, nothing unusual about it. Nevertheless, the people who will minister our deaths are trained to sustain life. When the end comes they are bereft. They have no words.

For them, the end is a failure of science, a deficiency of pharmacology, a defeat of ingenuity, and an exhaustion of their skills. The men and women who administrate death focus on their passion for paper, receipts, safe custody certificates and office hours, on Mondays to Fridays, between 10.15am and 4pm. When they come to work they all seem to leave behind the fact they have relatives who will, almost certainly die one day in a hospital – just like the one they work in. The standards, the approach, the words they would want for their own are so easily defined but so carelessly forgotten for others.

Ask yourself these ten questions about where you work:

1. Are there printed standards in each ward/department on bereavement care?
2. Have all staff attended a bereavement communication skills course?
3. Have the skills of staff, in breaking bad news, and communicating with bereaved people been assessed?
4. Is there regular *top-up* training for staff?
5. Do all wards/departments have relevant information available for bereaved individuals?
6. Is there a bereavement office and when is it open? What are its performance criteria?
7. Do staff understand the emotions of anger, guilt and blame which may be present in bereaved individuals, and know how to react?
8. Are staff able to give bereaved individuals enough information for them to make informed choices about viewing the body?
9. How are relatives' belongings handed back?
10. Are staff able to offer on-going support to those bereaved individuals who need it, or do they have a referral network?

None of this can bring back whoever it was that polished their smile with the toothbrush and enjoyed walking on freezing days, wrapped up in the coat that still hangs by the kitchen door. None of this will ever bring back the loved one to finish reading the book. None of this can make the Robin dance for two – but it may make the memory less painful for one.

## References

- [1] W.H. Auden, Extract from funeral blues, Renewed for the movie *Four Weddings and a Funeral*.
- [2] Extract from the UK Health Ombudsman's Report 1995, HMSO, London.