

Introduction

It is estimated that 14,620 deaths will occur this year due to head and neck cancer. Head and neck cancer surgeons will frequently interact with dying patients as well as their families, but little is known about their practices after patient's death.

The aim of this study is to elucidate the frequency of bereavement practices, common barriers, and predictive physician factors that lead to an increase in bereavement practices.

Methods

20-item anonymous survey sent to AHNS active members. Three separate emails were sent with a REDCap link between June 22, 2020 to July 6, 2020.

Questions related to:

- **Demographics**
- **Frequency of common bereavement practices**
- **Empathy**
- **Barriers**

Questions related to empathy were combined and assigned values of 0-4 corresponding from “never” to “always” to calculate **empathy scores** of individuals.

Multiple linear regression analysis was performed to determine physician factors associated with bereavement practices

Results

- 156 out of 827 (**18.9%**) active AHNS head and neck surgeons responded, with the majority caring for mainly cancer HN patients and having >10 years of practice in an academic setting (**Table 1**)
- Questions regarding bereavement practices reveal that surgeons were more likely to usually/always call (48.5%) or send a letter (42.4%) to family members compared to other practices (**Table 2**)
- No clear barrier to bereavement was identified, although **67.3% of surgeons cited being unaware of the patient's death** as a common barrier (rather than lack of time, discomfort with what to say, or lack of training)
- Attachment questions (**Table 3**) were scored to create an Empathy Score, with a **higher Empathy Score notably being the only factor predicting bereavement practices (Table 4)**

Table 1: Respondents' Demographics

Gender	Respondents %
Male	75.0
Female	25.0
Years in practice	
0-5	29.5
6-10	19.2
11-20	14.1
>20	37.2
Practice environment	
Academic	72.4
Non-Academic	27.6
% of patients with HN Cancer	
0-25	9.6
26-50	19.2
51-75	15.0
>75	46.2

Table 3: Empathy Questions

I tend to get attached to my patients
I feel guilty after a patient's death
I do bereavement practices as part of self care
I do bereavement practices to show respect to families
I sometimes question whether I should continue treating HN cancer patients

Table 2: Frequency of bereavement practices

Phone call to family	Respondents %
Usually/Always	48.5
Send a letter	
Usually/Always	42.4
Attend a funeral/memorial	
Usually/Always	1.2
Offer a meeting with family	
Usually/Always	20.0
Refer family to counselor/support group	
Usually/Always	8.6

Table 4: Multiple Linear Regression

Predictors of Frequent Bereavement Practice

Physician characteristics	p value
Gender	0.11
Years in practice	0.20
Practice environment	0.41
% of patients with HN Cancer	0.48
Empathy score	<0.001

Discussion

- There is great variation between bereavement practices among HN surgeons
- Nearly half will at least usually call or send letters to the family members after a patient's death, while other practices are less common.
- There are many barriers cited as being at least somewhat important by nearly half of respondents with the most common being physicians being unaware about a patient's death followed by need to maintain barriers.
- Having a higher empathy score is the only predictive factor for engaging in bereavement practices

Limitations

- Response bias
- Relatively low response rate
 - Other AHNS survey studies published rates 9-33%

References & Contact

References available upon request

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