



## FAST FACTS AND CONCEPTS #76 TELEPHONE NOTIFICATION OF DEATH – Part I

Rosalia R Osias MD, Daniel H Pomerantz MD, Jeffrey M Brensilver MD, FACP

**Background** Telephone notification to family members about a death is one of the most challenging and stressful communication skills, especially for cross-covering housestaff who may have had no direct interactions with the patient or family. Unpredictable variables are involved; telephone notification does not allow the same level of interaction possible with direct personal contact. This *Fast Fact* offers some guidelines when telephone notification is unavoidable; *Fast Fact #77* discusses issues surrounding whether or not to delay notification of death until loved ones arrive at the hospital.

### I. Preparing for the Call

1. Review death pronouncement protocol (See *Fast Facts # 4* and *64*).
2. Positively identify the patient (hospital ID tag) and confirm death.
3. Obtain relevant information; e.g. patient's name, age, gender, identification numbers.
4. Obtain the full name, address, phone number(s) of the person/s you are calling. Try to establish from the chart and nursing staff the relationship of the contact to the deceased patient.
5. Establish the circumstances of death; expected or sudden. Write down the key information you need and thoroughly review what you will say.
6. Find a quiet or private area with a phone.

### II. Timing

The call should be made as soon as possible following the death. *Whenever possible, inform the family of a grave turn of events prior to the patient dying.* When substantial delay is likely, the responsibility for informing the family should be taken by the covering doctor (or the resident).

### III. The Actual Notification

1. Identify yourself. Ask the identity of the person you are talking to and their relationship to the patient. Ask to speak to the person closest to the patient (ideally, the health care proxy or the contact person indicated in the chart). Avoid responding to any direct question until you have verified the identity of the person to whom you are speaking. Ask if the contact person is alone. Do not give death notification to minor children.
2. If you do not have a prior relationship with the person you are speaking to, ask what they know about the patient's condition: *What have the doctors told you about \_\_\_\_\_'s condition?*
3. Provide a warning shot: *I'm afraid I have some bad news.*
4. Use clear and direct language, no medical jargon: *I'm sorry, \_\_\_\_\_ has just died.* Words like "dead" or "died" should be used. "Expired", "passed away" or "didn't make it" can be misinterpreted.
5. Speak clearly and slowly, allow time for questions. Be empathetic. A perceptive family can easily tell whether the notifier cares or is merely "going through the motions."
6. If the family chooses to come to see the body, arrange to meet them personally.
7. Provide contact information for the physician or hospital official who can meet with them and answer questions about the patient's death and other administrative issues.
8. Ask if you can contact anyone for them. Assess their emotional reaction (see *Fast Fact #77*).
9. If you feel uncomfortable about telephone notification, ask for help.
10. *Never* deliver the news of death to an answering machine or voice mail. Instead, leave specific contact information. If you are unable to make contact within 1-2 hours, contact a hospital representative (e.g. social worker) to assist you in locating family or others.

### References:

1. Iserson KV. The gravest words: sudden-death notification and emergency care. *Ann Emerg Med.* 2000; 36:75-77.
2. Iserson KV. The gravest words: notifying survivors about sudden, unexpected deaths. *Resident and Staff Physician.* 2001; 47:66-72.

**Version History:** This *Fast Fact* was originally edited by David E Weissman MD. 2<sup>nd</sup> Edition published October 2006; 3<sup>rd</sup> Edition June 2015. Current version re-copy-edited April 2009; then again May 2015.

**Fast Facts and Concepts** are edited by Sean Marks MD (Medical College of Wisconsin) and associate editor Drew A Rosielle MD (University of Minnesota Medical School), with the generous support of a volunteer peer-review editorial board, and are made available online by the [Palliative Care Network of Wisconsin](#) (PCNOW); the authors of each individual *Fast Fact* are solely responsible for that *Fast Fact's* content. The full set of *Fast Facts* are available at [Palliative Care Network of Wisconsin](#) with contact information, and how to reference *Fast Facts*.

**Copyright:** All *Fast Facts and Concepts* are published under a Creative Commons Attribution-NonCommercial 4.0 International Copyright (<http://creativecommons.org/licenses/by-nc/4.0/>). *Fast Facts* can only be copied and distributed for non-commercial, educational purposes. If you adapt or distribute a *Fast Fact*, let us know!

**Disclaimer:** *Fast Facts and Concepts* provide educational information for health care professionals. This information is not medical advice. *Fast Facts* are not continually updated, and new safety information may emerge after a *Fast Fact* is published. Health care providers should always exercise their own independent clinical judgment and consult other relevant and up-to-date experts and resources. Some *Fast Facts* cite the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.