



VIEWS AND REVIEWS

NO HOLDS BARRED

Margaret McCartney: Should doctors go to patients' funerals?

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Should doctors attend their patients' funerals? Clearly, doctors clearly can't go to the funeral of every patient they've treated. After all, death is common, working hours are short, and the opportunity cost is large.

But should we consider attending at least some patients' funerals? For years I thought that the answer was a definite "no." The funeral belongs to the family—not the professionals, who need to keep a distance between themselves and their patients, to be unclouded by emotion and remain effective.

But funerals are usually public, if intensely personal. And what if you're invited?

Perhaps doctors shouldn't attend funerals because it could seem unfair to attend for one patient but not another. Yet such are the ways things unfold, life is life, and none of us gets out alive. We do what we can. An edict to attend none may be as unjustifiable as an edict to attend all.

Funerals are rituals, and rituals are important. The body may be dressed or prepared; it may be laid out at home, and visitors may be welcomed.

It offers us the chance to reflect on a life lived, where a group can grieve together. The Jewish tradition of *keriah* is a tearing of clothing, symbolising the tear in the family caused by death. Mourners may wear dark clothes, or there may be an agreement not to; or they may bring yellow flowers or sing favourite songs.

The life story of the deceased may be told, music played, funny stories recounted, and sad stories remembered. The body is cremated or buried in the ground. The brutality of the end of life is starkly present, making us consider our own mortality.

Flower arrangements and donation boxes often feature, and food and drink are usually offered. Emotion is pooled and drawn on.

Funerals may contain religious rites for the dead, but they're really about comforting the living.

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Doctors are not immune to emotion, but we have scant places to share it. A doctor attending a funeral may feel part of a community and can draw great solace from that.

From the conversations I've had, it's relatively common for nurses to attend funerals of patients they knew well. I wonder whether professional distance keeps doctors away, and whether this is good for us.

When I started as a GP it was common for us to visit the homes of new mothers. The primary purpose was to ensure that all was well, although this would probably be deemed unnecessary by a management consultancy. But it was also about establishing or continuing a relationship. Increasing time pressures now mean that this task falls to others.

Such visits were a ritual, an occasion that balanced other daily work and allowed a connection with the community that doctors worked in and for. As general practice moves towards yet greater intensity and less continuity, I wonder whether we also need a little more ritual to sustain us.

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