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fgodlee@bmj.com Follow Fiona on

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Why we need to make space for grief

Fiona Godlee *editor in chief*

The past 18 months have seen more than their share of human tragedy. Some four million people have died as a result of the covid-19 pandemic, and over 35 million have been bereaved. Grief is the natural and inevitable response, writes Lucy Selman, but for many it has been aggravated by the wider effects of the pandemic: poor experiences at the end of life, limited contact in the days before death, being unable to say goodbye in person, social isolation and loneliness, and the disruption to funerals and collective mourning (doi:10.1136/bmj.n1803).¹

Children are particularly vulnerable to the long term effects of loss, with most mental health disorders starting in the first two decades of life. The pandemic has affected more than 2.5 billion children and young people worldwide.² Research into the effects on their mental health and wellbeing is limited, but learning from previous large scale disasters can help shape our understanding and response. Young people may find their grieving complicated by disruption to normal routines, school closures, financial hardship, and lack of access to professional help. Elizabeth Rider and colleagues offer a stepwise approach for clinicians: universal care for all children and families; targeted care for those showing increased distress or with pre-existing trauma; and clinical treatment for those with severe, escalating, or persistent distress.

In times of loss and uncertainty, open communication helps build resilience. But has the pandemic improved our ability to talk about death? Selman thinks it has.¹ Evidence suggests a shift in public attitudes: whereas bereaved people often experience lack of understanding and compassion among family and friends fueled by embarrassment and awkwardness, surveys indicate that people are now more comfortable talking about grief and more able to think about their own mortality.

And this must be true for doctors too, who have their own grief to acknowledge and must make space for grief for the death of patients, colleagues, family, or friends. Doctors are often encouraged or even required to set aside their own grief in the name of professionalism and efficient patient care. But this makes us all less authentic and more alone. Being open about our own experiences of grief, showing “the strength of vulnerability,” can help others as well as ourselves and may further shift society’s attitudes to death and loss.

As Amy Price writes, “Extending imperfect but unconditional love to grieving people and ourselves may be all we can offer, but it may be enough” (doi:10.1136/bmj.n1906).³

1 Selman L. Covid grief has cracked us open: how clinicians respond could reshape attitudes to bereavement—an essay by Lucy Selman. *BMJ* 2021;374:n1803. doi: 10.1136/bmj.n1803 pmid: 34376385

2 Rider EA, Ansari E, Varrin PH, Sparrow J. Mental health and wellbeing of children and adolescents during the covid-19 pandemic. *BMJ* 2021;374:n1730. doi: 10.1136/bmj.n1730 pmid: 34429302

3 Price A. Commentary: My pandemic grief and the Japanese art of kintsugi. *BMJ* 2021;374:n1906. doi: 10.1136/bmj.n1906 pmid: 34376380