ment at Royal North Shore Hospital, debriefing has been included on monthly statistics forms, ratifying this as an approved use of work time.

People need to be rotated in order to give some relief from the constant exposure to death. Time to "regroup", and to recoup one's strength, is required in order to work effectively. Empathy, compassion and care are finite entities and people possessing these qualities can run low. Regular "topping up" is a must.

Polly Doyle[1] refers to the black humour of the film and television programmes "MASH", where doctors and nurses use humour to ameliorate some of the pain of the tremendous loss with which they deal. Humour does much to improve morale, and light-hearted skylarking during quieter periods, or staff get-togethers after work, are important prescriptions for good staff cohesion, morale and mental health.

Conclusion

These are merely a few suggestions, not an exhaustive list, but certainly attention must be drawn to the needs of hospital staff as the frequently forgotten casualties of disaster.

As Truswell, Blyth, Kendall and Shipway[11] point out, hospital workers are "in the frontline of so much distress, grief, frustration and anger". The constant reminders of one's mortality and vulnerability cannot be mentally filed away as experiences which one may never have: death comes to us all.

Most people are aware of the need to come to a certain level of understanding and acceptance of one's own death, and of the need to work through other losses suffered in life. Life will undoubtedly be richer and fuller without the encumbrance of such unfinished business. To be confronted with death, however, virtually on a daily basis, does not appear to augur well for such a resolution of one's fear, and for the healing of the emotional scars of loss. I would venture that it is often a brutal and terrifying assault, opening a gaping wound in the precious fiction of our immortality.

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Further Reading

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Supplement to the International Conference on Grief and Bereavement in Contemporary Society, London 1988

Cruse will be publishing, later this year, a Supplement to the International Conference. The Supplement is expected to include the Plenary Addresses by Dr. Colin Murray Parkes, Professor Peter Marris on Adult Grief and Bereavement, Professor Robert Pynoos on Children and Bereavement, and the First Professor Shamai Davidson Memorial Lecture delivered by Professor Gerald Caplan on Loss, Stress and Mental Health.

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Helping Children in Crisis. Cornwall. Friday, 26th May, 1989, 10 a.m.-4 p.m. First Annual Day Conference of Cruse in Cornwall. To be held at the Post-Graduate Centre, Treliske Hospital, Truro, Cornwall. Speakers: Dr. Dora Black, Consultant Child and Adolescent Psychiatrist, Royal Free Hospital and Vice-Chairman of Cruse; and Joan Sloan, Social Work Consultant, Cornwall Social Services Department. Programme also includes video presentation and discussion in small groups. Cost: £25 inc. refreshments. Application forms from Cruse Conference Secretary, Cruse Office, 2 Walsingham Place, Truro, Cornwall TR2 1RP.

International Conference on Children and Death. Athens, Greece. 30th October-3rd November, 1989. Sponsored by the University of Athens, The Association for Death Education and Counselling (USA) and the National Drug Organisation (Greece). For professionals involved in educating children on death and loss, those involved in the care of chronically and seriously ill children and their families, and professionals counselling bereaved families. Further details from Dr. Danai Papadatou, Messogion 8, Athens 115 27, Greece (Tel. (301) 7777 545).