THE RESEARCH

We sent a brief, multiple-choice questionnaire to the next of kin of patients who died over a three-month period at the Royal Free Hospital, London. The next of kin were identified using the Patient Administration System. The questionnaire, which was sent out three months after each bereavement, included questions about all new tranquillising medication taken by the next of kin since the death of the relative or friend. Individuals were asked what new medication they had taken, how long it was taken for – less than (<) one week, one-two weeks, or more than (>) two weeks – the dose, and where they obtained it. They were also asked whether they felt the new medication helped, made no difference, or made things worse. Comments were invited from the respondents. Non-respondents were followed up by a second mailing three weeks later.

Results

The questionnaire was sent to 132 bereaved next of kin, and 109 were returned. Five were returned by the Post Office unopened and three questionnaires were incomplete. This left 101 (76%) valid replies of whom seven had begun taking tranquillisers, details of which are given in the Table. Of these, four felt they were beneficial, and three felt they had made no difference. None felt tranquillisers were detrimental.

Three themes emerged when we analysed the comments received: lack of help after bereavement, the distress which resulted from bereavement, and the usefulness or otherwise of medication. Many respondents were encouraging about the research and no adverse comments were received.

Examples of quotes about the lack of help included:

'I did ask for sleeping tablets, but my doctor advised me to try to carry on without them rather than create a dependency which would only delay the natural course of my dilemma.'

'I was not approached by either my own doctor or the hospital to see whether I was OK or not. There was no interest in my welfare, except the palliative care team who looked after my husband.'

'I feel that spouses and partners should be helped more during prolonged illness and be given more back-up after death. After all, it's more painful for the one left behind.'

DETAILS OF NEW PRESCRIPTIONS OF TRANQUILISERS FOLLOWING BEREAVEMENT, AND THEIR REPORTED EFFECT

Tranquilliser taken	Time taken	How acquired	Reported effect
diazepam	> 2weeks	GP	no effect
diazepam	1-2 weeks	hospital	helped
diazepam	>2weeks	GP	helped
diazepam	<1 week	GP	helped
diazepam	<1week	GP	no effect
temazepam	<1 week	GP	helped
temazepam	not known	GP	no effect

Distress of grief included:

'The death of my husband has created so much pain in my body and my heart aches all the time. I only pray to God for healing. Thank you.'

Feelings about the role of medication included:

'I don't believe that tablets help one to face up to the reality of losing one's loved one.'

'The doctor prescribed 20 tablets [of temazepam]. As I didn't find it made any difference I still have 14 in the bottle.'

'I was not prepared for the devastation experienced by the loss of one's husband. I have been having counselling... but still need the help of an antidepressant.'

DISCUSSION

Our relatively high response rate may be due to the brevity of the questionnaire. It may also reflect the sense of neglect felt by the next of kin following the bereavement, and the wish to express their feelings. This was apparent in some of the comments received.

The main finding was that, compared with earlier studies, few of the respondents were given tranquillisers after bereavement. This is not surprising given the prevailing view that these drugs have no place in the management of grief. The fact that some doctors continue to prescribe tranquillisers suggests that they still feel these drugs are useful in this situation. Furthermore, none of the respondents felt that taking tranquillisers was detrimental to them and many felt that they helped. It is difficult to reconcile this finding with the current dogma that tranquillisers are harmful in bereavement.

There are limitations to our study. Only the next of kin were contacted and other, possibly emotionally-closer individuals may have been overlooked. We limited sending the questionnaire to only those individuals whose relative had died in hospital as these are readily identified. Differences may exist between this sample and the experiences of the next of kin of patients who died elsewhere. The small number of individuals taking tranquillising medication means it is difficult to draw any firm conclusions about the usefulness of these drugs.

Our results indicate that doctors are unlikely to prescribe tranquillisers after bereavement. However, given the lack of scientific evidence about the benefit or harm resulting from the use of these drugs in this situation, this stance may not be justified. Although many individuals do not seek medication to relieve distress after bereavement, some do and this group may be denied help unnecessarily, or seek relief by drinking alcohol. Before we accept the view that short-term tranquillisers are not helpful in bereavement, more evidence about their efficacy is needed.

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3. Current Problems No 21 Committee on Safety of Medicines: London, UK, January 1988.

FORTHCOMING CONFERNCE

Grief Counselling and Grief Therapy: a Cruse Scotland Conference, with William Worden, author and world expert on grief and John Donohoe, founder of Ireland's grief journal, *Thanathemes*. 23 September 1997. Edinburgh, UK. Apply before August 23 to Cruse Bereavement Care Scottish Headquarters, 33/35 Boswall Parkway, Edinburgh EH3 2BR. ☎ 0131 551 1511.

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