

From:

Dr. CHRISTOPHER RICHARDS
Bristol & Avon Cruse branch

Is Bristol the only CRUSE branch which finds that it is very hard to get General Practitioners interested in CRUSE? There are a few enthusiasts but most seem reluctant even to suggest that their bereaved patients contact CRUSE. It's made me wonder whether most of my colleagues share the general discomfort when faced with a bereaved person, and would prefer not to be too closely involved. But equally I've wondered whether the main difficulty is just not knowing how to help—after all bereavement is not a disease.

If my analysis is right, there is an obvious educational role for CRUSE. All General Practitioners now have to spend time doing specific postgraduate training before becoming General Practitioners in their own right. Most attend half day release courses during this time. These sessions cover many of the areas that get brought to GPs but are not strictly medical and this is where there is potentially a place for one or two sessions on Bereavement Counselling. I would suggest that the best people to run such sessions are the same people who run our counselling courses and then support our counsellors. But I doubt whether many GP course organizers are aware of this resource—so what about the CRUSE branches writing and telling them? The easiest way to find out their names is by telephoning the secretary at the postgraduate centre at the main local hospital. This could be good publicity for CRUSE, and make a start in changing the attitudes of GPs.

In May, 1984, Drs. A. & V. Bailey wi'l be running a course for GP's on Counselling the Bereaved. The course has been organised by the Royal College of General Practitioners in association with Cruse. Details from Cruse House.

From:

Revd. M. K. TAILBY
Rochford, Essex

I am writing about senile dementia and grief reaction.

I was asked by a daughter who has lost her father, and who has a mother (helped to live at home) who has senile dementia what reaction or behaviour to expect in the mother.

I wonder if some guidance could appear in a future issue of **Bereavement Care?** I can give some guidance as to bereavement patterns in a younger person, and what to look for, but not someone with senile dementia. Can someone with this disease become pathological over the death of a spouse as can a younger person?

The Alzheimer Society comments:

Senile dementia may be mild, moderate or severe. The irreversible deterioration of intellectual function that is the hallmark of dementia usua'ly affects memory. The demented person tends to forget recent events but often retains a vivid and accurate memory of events long past. In the later, more severe, stages of dementia memory loss may be very severe. Before this stage is reached sufferers may be depressed because they still have some insight. Demented people may also become psychologically difficult and can be aggressive, may wander and get lost and not sleep at night. They may be incontinent. As this is predominantly a disease of old age, demented people often have physical disabi ities such as Parkinsons, Arthritis or poor eye sight.

The bereavement reaction of a demented person may be normal. It may be less than one would expect, especially as the survivor of a long marriage would norma'ly react very strongly to bereavement. Disturbed behaviour, insomnia and incontinence may worsen, and there may be a reactive depression, or there may be virtually no bereavement reaction.

It is difficult to give any general rules about how relatives or professionals and counsellors should handle this situation. Often there is no need to do anything different than what one would for a non-demented survivor. The widow or widower should usually be told what has happened, and be allowed to attend the funeral or cremation. The loss of a supporting husband or wife may precipitate a need for care in a Home or hospital but an immediate change of environment should be avoided if possible, as the demented person is likely to become more confused.

A demented person may already be taking sedatives, tranquillizers, hypnotics or antidepressants or these may be prescribed for post bereavement symptoms. Whilst these drugs may be helpful, specially in the short term, they should be used with care, and at a low dose if possible, as the demented brain is very sensitive to drugs acting on it. Side effects of confusion, wandering behaviour, or oversedation and immobility may be caused or aggravated by medication.

The Alzheimer Society is a useful source of information and advice about dementia. Their national office is: Alzheimer Disease Society, 3rd Floor, Bank Buildings, Fulham Broadway, London SW6 1EP (381 3177) and they have a growing number of local branches or representatives.

From:

DUDLEY WARD
Gay Bereavement Project

Personally I find some non-sexist language ugly to the ear but there are words which include women as well as men which are also euphonious.

In your Summer Number, I believe it would have been better to have used the word *police* in the paragraph about *policemen* attending a conference, unless women members of the Force were excluded. Similarly, if instead of saying the Gay Bereavement Project was *manned* by volunteers, you had said *staffed,* you would have included our women volunteers.

I hope you will accept this comment with "Well, if that's all they can find to grumble about, we're doing a good job", and I am certain readers will say you are.

Sorry. Ed.

HOW TO LOOK AFTER VISITING SPEAKERS

by Daphne Murley,
Organising Secretary,
Watford Branch of Cruse

It is most important that every effort is made to ensure that our speakers are properly cared for when they visit our Branches. They are usually very busy professional people who often undertake evening engagements, some of which involve travelling quite long distances, after a full day's work. When a speaker is required, the Branch Secretary or Training Course Supervisor should give precise details, in writing, of the occasion, i.e. Bereavement Training for Counsellors, Inauguration, AGM, etc., venue, date and time, details of the subject and length of talk required, fee and expenses. When the speaker confirms that he/she can come, a further letter should supply details of travel e.g. times of trains, road maps, and enquire what audio-visual equipment is needed. A representative of the branch should meet a speaker travelling by rail, escort him/her to the meeting, and ensure that the speaker knows who is returning him/her to the station. If the speaker comes by car do make sure there is a parking space.

On arrival the speaker should be welcomed and offered some form of refreshment; he or she may not have had time for a meal before leaving. Make sure the chairman knows enough about the speaker to make a gracious and informative introduction. His most important task is timekeeping and controlling the questions so that the meeting finishes on time. He should thank the speaker.

If there is to be a lecture with slides or video provide someone to project slides and work the equipment who has previously familiarised himself with it. The treasurer of the branch or a deputy should enquire immediately what expenses have been incurred, and pay them any agreed fee on the spot. Finally, don't forget a letter of thanks.

With existing Branches, and new ones and Steering Committees increasing throughout the country, there will be more demand for speakers and we should do all we can to give them a warm welcome, show our appreciation and make their visit a pleasant one.