

# Death of a child in family medicine clinic – a case report

**Bilal Hasan Chaudhry**  
**Imran Ahmad**

Consultant Family Medicine, Primary Healthcare Corporation, Doha Qatar

**Corresponding author:**

Dr Bilal Hasan Chaudhry

Consultant Family Medicine, Primary Healthcare Corporation,  
Doha, Qatar

**Email:** [bhc234@gmail.com](mailto:bhc234@gmail.com)

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## Abstract

This case study discusses the emotional impact of the death of a 12-month-old child who was brought in by parents to a routine vaccination clinic. It was an expected death however parents did not disclose that to the staff and the child passed away soon after arriving at the health centre. This was a shock to everyone involved and who witnessed the event and it left everyone distressed.

**Key words:** death, child, family medicine clinic

## Introduction

Doctors may be affected by the death of a patient they knew well, or because of the circumstances surrounding the death. They may have associated feelings of self doubt, helplessness, guilt, or failure, or they may be worried that they will be criticised for their involvement in the patient's care (1). Doctors have to learn how to remain compassionate and empathetic, while not letting their emotions prevent them from doing their job(2).

## Presentation and Management

A 12-month-old child was brought in by parents for routine vaccinations and having been discharged from secondary care three days ago parents felt the child was well enough to receive the vaccination. As the child was carried to the consultation room by the father, the first impression was that this child needed immediate support. The child was drowsy with mottled skin and bradypnea. The parents confirmed that this was the normal state for the child, and they had been discharged a couple of days prior from secondary care with the child in a similar state. The parents further revealed that the child was repeatedly admitted due to numerous congenital abnormalities and resulting complications. On repeated questioning the parents reaffirmed that this was normal for the child and repeatedly expressed their desire to go ahead with vaccination. However, it was evident that this child was not well enough for vaccination and needed lifesaving intervention. The child was immediately transferred to the observation room where the child collapsed soon after and Cardiopulmonary resuscitation (CPR) was initiated. 15 minutes later CPR was discontinued upon the father's request. Around the same time a team member had been able to review the patients notes and located a Do not attempt CPR (DNACPR) form. DNACPR had been signed a week prior by the paediatrician in charge of the child's care and two other paediatricians supported that decision. The parents had been involved in the decision-making and agreed. Throughout the CPR parents were regularly updated and once the death was pronounced, they were given time to spend with the child.

## Discussion

Dealing with the death of a paediatric patient in family medicine is a challenging and emotional experience. As a healthcare provider a doctor may have formed a close bond with the child and their family, making it even more difficult to process their loss. There are some ways in which family medicine doctors can deal with the death of a paediatric patient.

### 1. Acknowledging emotions

The first step in dealing with the death of a paediatric patient is to acknowledge healthcare providers own emotions. It is normal to feel sadness, grief, guilt, and even anger in the aftermath of a child's death(3). Allow oneself to process emotions and take time to reflect on feelings.

It is essential to have support from colleagues or friends during this time to help manage emotions. Angoff asked 182 medical students if they had cried during a rotation and 73.1% reported crying in response to the suffering and death of a patient and/or family's associated distress (4).

### 2. Communicate with the family

Communication with the family is essential after the death of a paediatric patient. It is important to offer condolences and express sorrow for their loss. It is also essential to be available for the family and offer any support or guidance that they may need during this difficult time. Communication should be sensitive, empathetic and open, allowing for any questions or concerns to be addressed.

### 3. Provide resources

Providing resources to the family can be helpful in supporting them through the grieving process. This may include providing information on bereavement support groups or counselling services. It is essential to be sensitive to the family's cultural and spiritual beliefs when providing resources.

### 4. Review the care provided

It is essential to review the care provided to the paediatric patient and reflect on any areas that could be improved. This process can help learn from the experience and ensure that the medical team continue to provide high-quality care in the future. Reflective practice can also be a tool for self-care and can help clinicians manage their own emotions(5).

### 5. Seek support

Dealing with the death of a paediatric patient can be emotionally challenging, and it is essential to seek support. This may include talking to colleagues or seeking support from mental health professionals. It is also important to take care of oneself during this difficult time, ensuring eating well, exercising, and getting enough rest(6).

## Conclusion

In conclusion, the death of a paediatric patient in general practice is a challenging and emotional experience. Acknowledging your own emotions, communicating with the family, providing resources, reviewing the care provided, and seeking support are all essential in managing the grieving process. It is important to remember that everyone experiences grief differently, and it is okay to seek support and take time to process your emotions. Any doctor can be taken by surprise by how they are affected by a death and should know that it is entirely acceptable to feel this way.

## Learning points

- 1) Develop a habit of debrief;
- 2) A stronger support network caters for individual needs as different team members deal with death differently;
- 3) Maintain a no blame environment.

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