



When the Unthinkable Happens

Robin O. Winter, MD, MMM

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What do you do when the unthinkable happens? After 36 years as a residency director I thought I had encountered just about everything. Then the unthinkable happened. One of our residents died by suicide.

We knew something was wrong when Resident X did not report to work or respond to calls and texts. We were concerned and sent police to the resident's apartment. Hoping for the best, yet fearing the worst, we anxiously waited to hear from them. Their call never came. The medical examiner's did. When he confirmed the resident's death, it felt like a gut-wrenching punch to the stomach. The cause was as yet undetermined; suicide was a possibility. A flood of emotions swept over me: overwhelming grief and tears for losing our resident followed by disbelief that this happened in our program, at this point in my career, and during this all-consuming pandemic.

My responsibilities as director compelled me to think about the best way to manage this crisis, setting aside my personal grief as I navigated this uncharted sea. I knew I needed help and called our practice manager and behavioral scientist to my office, forcing myself to face the challenge of telling them that Resident X had been found dead. This became the first of many times I would have to break this news, a wearying effort, as the impact of our resident's

death reverberated throughout our health system. Once their initial shock wore off, they agreed to join me to become the residency's crisis management team. We decided the sooner we told everyone the better. Counselors from our mental health center joined our department's emergency meeting.

Despite prior experience telling families their loved ones had died, I felt unprepared to share this shocking news. How could I contain my emotions to get the words out? Even if I could get them out, what words should I use? I knew I would have plenty of support; however, as director, the task to give the news was mine and mine alone. I took some quiet time to gather my thoughts.

"With a heavy heart, I am sorry to have to tell everyone that Resident X died at home. The cause has yet to be determined..." Somehow the words came out as the tears welled up in my eyes. I can still see the anxious faces listening to me, followed by shock, tears, and hugs of support.

The next morning pastoral care brought comfort as we shared our stories about Resident X, stories of kindness and hard work with some humor mixed in. Afterward, our chief wellness officer helped residents and faculty try to process this death. Residents talked about how they felt supported by the faculty and could not fathom what had happened. The burning questions on everyone's

mind were, "How did Resident X die? Could we have done something to prevent it?" Residents felt vulnerable and bewildered. They were concerned about the added stress of working with one less person. Faculty expressed their shock and total surprise. Multiple people pointed to the imposed social isolation caused by COVID-19 as a possible contributing factor. Having shared our emotions, we left the meeting with feelings of increased closeness and renewed strength to get through this crisis together.

Resident X's parents called asking to meet with me that day. Preparing for this meeting felt familiar but not easy. A parent's grief from losing a child is unlike any other grief I have witnessed. Resident X's parents' deep sense of loss, guilt, and failure to protect their child was painful to experience. It brought back memories of when I was a resident and had to tell two sets of parents that their children had died in a boating accident. I can still see the painful anguish on their faces and hear their cries of sorrow. I felt inadequate trying to help the families deal with their grief, although I realized that just being there and listening was the best I could do, then, and even now.

From the Department of Family Medicine, Hackensack Meridian School of Medicine, JFK Family Medicine Residency Program, Edison, NJ.

A few days later, Resident X's sibling emailed me confirming our worst fear: Resident X's death was by suicide, moreover, alcohol and substance abuse were involved. This took the family and us by surprise. We were unaware of Resident X's struggle with substance abuse or mental health problems. Resident X had participated in our well-being curriculum, yet remained a very private person. There were no warning signs such as unprofessional behavior to set off alarm bells.

For weeks after Resident X's death, walking into the office felt to me like entering a house of mourning. Everyone's sadness was palpable, including mine. I found some solace in the resumption of our daily patient care and teaching routines. A follow-up support session for the residents was counterproductive because they felt the counselor did not

really listen to them. Instead of additional counseling, they asked for an afternoon off for a group activity of carving pumpkins, as Halloween was approaching, and I readily agreed. Residents brought back their creations to decorate our family medicine center, lifting the spirits of our entire staff. Additional free time was planned for resident group activities. To memorialize Resident X and help others, we are sponsoring a walk to raise funds for the American Foundation for Suicide Prevention.

Intellectually, I know Resident X's death is not our fault, and our program does many things to support our residents. In fact, the residents commended us on the support they received in our sessions together. Regrettably, suicide is not always preventable. Nonetheless, I am left with an empty feeling that somehow we failed Resident X. Based on my

personal experience with mourning, it will probably take me years to fully process this tragic loss of life. I am thankful for the support, assistance, and leadership provided by the crisis management team and those who came to comfort us. I could not have dealt with this tragedy without them. Gathering in person to try to comprehend what happened brought our department together in a way that has not been the case since the start of the pandemic, and together, we have begun the long process of healing from this previously unthinkable event.

CORRESPONDENCE: Address correspondence to Dr Robin O. Winter, Director, JFK Family Medicine Residency Program, Chair, JFK University Medical Center, 65 James Street, Edison, NJ 08818. 732-321-7494. Fax: 732-906-4986. robin.winter@hmhn.org.