



Surgical Anaesthesia and Bereavement: Exploring Patient, Family, and Staff Experiences



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Introduction

Surgical anaesthesia has often been described as a “small death” — a state of unconsciousness that can trigger existential fears, anxieties about mortality, and even the reactivation of earlier bereavement experiences. Families may face **anticipatory grief** before major procedures, while healthcare professionals are exposed to repeated losses, often without adequate recognition or support. Despite its significance, bereavement in surgical settings has received limited systematic study.

Results

Patient Experiences

Fear of death related to anaesthesia is widespread, sometimes perceived as “not waking up.”

Loss of control and bodily integrity can mimic grief-like reactions.

Prior bereavement may resurface during the perioperative period.

Family Experiences

Anticipatory grief before surgery, particularly in high-risk procedures. Feelings of helplessness during waiting periods.

In cases of complications or death, families experience compounded grief reactions.

Staff Experiences

Anaesthesiologists, surgeons, and nurses may experience **professional grief**, often disenfranchised and unacknowledged.

Cumulative exposure without outlets for expression may contribute to *burnout* and *compassion fatigue*.

Lack of formal bereavement support within surgical services is a major gap.

Conflict of Interest Statement: The author declares no conflict of interest.

Methods

A narrative review was conducted across PubMed, CINAHL, and PsycINFO databases. Keywords included **“surgical anaesthesia,” “anticipatory grief,” “bereavement,” “professional grief,”** and **“family caregivers.”** Articles focusing on patients, relatives, and staff were included. Thematic analysis identified common experiences, knowledge gaps, and implications for clinical practice.

Discussion

Bereavement in surgical settings is **multidimensional**, extending beyond mortality. It includes:

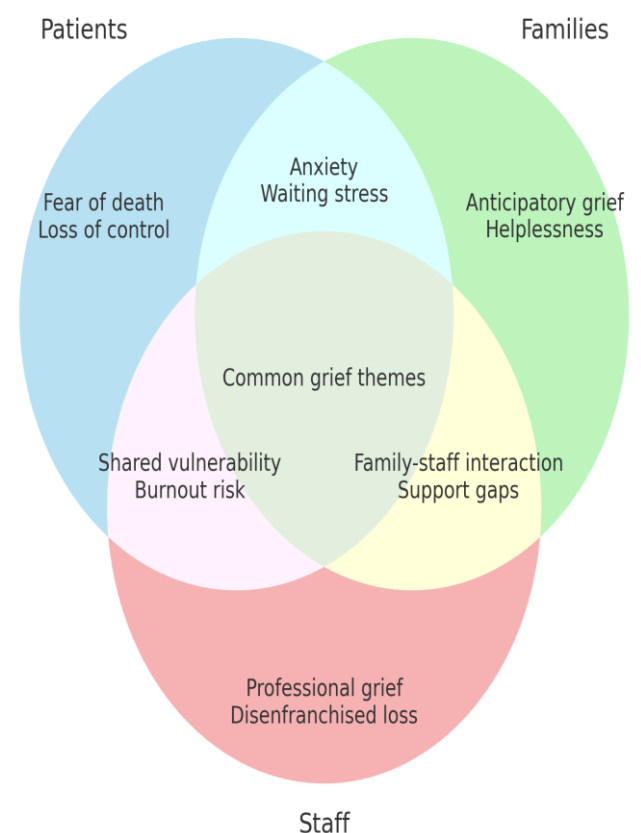
- ❑ **Anticipatory grief** in families,
- ❑ **Experiential grief** in patients, and
- ❑ **Professional grief** in staff.

This highlights the need to broaden the concept of grief in healthcare, recognising that surgical encounters can be psychologically and emotionally taxing for all involved. Training and structured support systems remain scarce but are essential to safe, compassionate care.

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Grief Experiences in Surgical Anaesthesia Context



Conclusion

Bereavement in surgical pathways is real and multifaceted.

Interventions should include: Grief-awareness training for surgical teams.

Psychosocial support for families pre- and post-operatively.

Institutional recognition and debriefing opportunities for staff.

Integrating these approaches will foster more holistic, humane surgical care.