Aftercare Following Fatal Traumatic Injuries, Needs and Questions: A Scoping Review

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Purpose: Fatalities due to trauma account for nearly 8% of all deaths worldwide. In the Netherlands, approximately 2000 people die each year in hospitals as a result of their injuries. The death of a loved one has tremendous emotional and socioeconomic impact. Recommendations on adequate aftercare for relatives are lacking, as there are no specific studies focusing on traumatic fatalities.

Methods: A search was conducted in Medline/Ovid, Embase.com, PsycINFO (Ebsco), and Web of Science Core Collection. Studies regarding trauma, death, aftercare, and relatives, published before February 16, 2024, were included. The studies were assessed on three topics: participants, intervention, and recommendations.

Results: In total, 1131 articles were identified, and 10 articles were selected for analysis. Eight studies included relatives, one included close friends, and another included intensive care nurses and managers. The majority of the participants were female, with a mean age, reported in four studies, ranging from 21 to 47 years. Three studies reported on suicide, three on homicide, and six did not specify the type of trauma. In four studies, a questionnaire was sent, and in six, an (in-depth) interview was conducted. The duration of the interview sessions was reported as approximately 1 hour in five studies. In four studies, the involved caregiver was a social worker, in two a bereavement consultant, in one a psychotherapist, and in two a member of the supportive care team. The time interval between death and aftercare ranged from 4 to 6 weeks (by phone) up to 1 year. In two studies that reported on bereavement support provided, support was not offered in more than one half of the cases. Support should be provided after the loss of a loved one; two studies reported this should preferably occur within 2 weeks. Implementing bereavement services led by trained professionals is recommended.

Conclusion: Structured aftercare following trauma-related deaths is advised in the current literature. Aftercare, whether by phone or face-to-face, provided by a trained professional 4 to 6 weeks after death, and repeated upon request, is recommended.