**NHS Education for Scotland**

**Transcript of ‘The Deepest Wound: Healing and Hope in the Midst of Hurt – Grief and Bereavement in a Pandemic Age’**

**NES Bereavement Conference 2021 session recording**

**Speaker:** Dr Donald Macaskill, Chief Executive, Scottish Care

**Chair**: Dr Graham Whyte, Associate Postgraduate Dean for Grief and Bereavement, NHS Education for Scotland

Graham Whyte (GW): Good morning, everyone. My name is Graham Whyte and I’m one of the Associate Postgraduate Deans with NHS Education for Scotland and also a Consultant in Palliative Medicine at the Marie Curie Hospice in Glasgow. It’s my great pleasure to welcome you to the second NES Bereavement Conference entitled: The Changing Face of Bereavement - Providing Care and Maintaining Your Wellbeing During the Pandemic. We’ve had to postpone this conference twice due to the pandemic so this is actually the third attempt to host it, so third time lucky and we’re delighted that so many of you have been able to join us today. I understand the pressures that everyone in health and social care are under at the moment. So, it’s a great privilege that you’ve been able to find the time to join us today and we’ve had over 1,000 people register for the conference which certainly exceeded our expectations but in many ways has highlighted the need of a conversation around bereavement care and hopefully it will give you the chance perhaps today to pause and reflect on what’s been hugely challenging for almost two years now.

For many of you I think it will have been the most challenging period in your professional careers and sadly for some people, the most challenging period in your personal lives as well. Some of you will have lost loved ones, friends, colleagues and perhaps have been unwell yourselves as well. I think it really has highlighted the need for good bereavement care and really brought it to the fore. So, hopefully, the increased recognition and priority that this has been given will bode well for the future.

We’ve tried to put together quite a balanced programme which will have some personal, real-life experiences from health and social care. But also some of the latest research that has been developed. There is obviously going to be a Covid theme running throughout the conference but some of the breakout sessions will be less Covid-focused.

The importance of staff wellbeing is also something that’s going to be very much part of this conference. The pandemic’s had a massive impact on the health and wellbeing of health and social care staff. Many have had little time to pause and recover and there’s high rates of burnout certainly reported. But, hopefully, there is a greater recognition of the importance of this as well and potentially some funding coming alongside this. So we need to continue the conversation as we need a healthy workforce in order to be able to deliver good bereavement care.

I would like to take this opportunity to thank all our speakers today and also my colleagues within the Grief and Bereavement team at NES for all the hard work in coordinating the programme. I’d also like to mention Sandra Kerr and her Events team for all their hard work in organising this conference.

Finally, I think I’d like to mention that I think it’s important to be sensitive, that some of the themes discussed today will be very hard for some people and perhaps people who have maybe suffered a bereavement this year, it could be quite raw. So we’d encourage you to attend in a way that you feel comfortable and if you want to take a bit of time out, obviously that’s absolutely fine. We do have a slide now which, if we could bring up, does have some information on sources of support which you might find helpful. You don’t need to worry about writing all this down just now but it will be available in the Posters tab for additional support if people wanted to access some of these websites during the conference or at a later date. So, that’s concluding the introduction and it’s my pleasure to introduce our first plenary speaker which is Dr Donald Macaskill.

Donald is the Chief Executive of Scottish Care. Scottish Care is the membership organisation of independent providers of care homes and care at home housing support services in Scotland. Numbering nearly 1,000 services, Scottish Care members employ over 100,000 staff. Prior to Donald’s current role, he had also ran a quality and human rights consultancy for 14 years. So this is an area very close to his heart and his professional and academic interest in human rights-based approach to care and support. So I’d like to hand you over to Donald and look forward to hearing what you have to say this morning.

Donald Macaskill (DM): Thank you very much, Graham. It’s a great pleasure to be here. And, I’m going to start off with my Peppa Pig confession. I think all public speakers should do that and say that what I’m going to be delivering this morning is not independent, robust, academic research. I’m leaving that to the excellent work of Lucy and Emily who will be following me, but is a personal reflection on the last 20 months.

In my role I have ended up in a position where I have been the fortunate receiver of many emails, telephone calls, social media messages and direct messages from people who have experienced grief and loss during the pandemic experience. And so what I’m going to share with you this morning is a reflection on their words and their insights as well as my own.

Like many people I suspect on this call, I am a rather faithful and faithless keeper of a diary. In my case, it’s less a diary and more a collection of memories, feelings, reflections on the moment. And during the pandemic I found that process to be very cathartic and very supportive for my own mental health and wellbeing. And so, in preparing for this contribution, I’ve reread what are now 26 separate books because a lot of people have shared their story and I’ve had a lot of personal experience, including, unfortunately, experience of loss to Covid during the pandemic.

And so it is those reflections that I want to use as the structure for what I want to share with you this morning. Inevitably that means that they are subjective and personal but I hope throughout today you’ll have the opportunity of hearing different voices who will give different insights and perspectives from their own context. But lest I get carried away, I’m going to use the structure of certain phrases and comments which people have shared with me because when I’ve read back those 26 booklets, I’ve had a sense of both the woundedness of the women and men who’ve shared their story and who’ve written and spoken to me, but also of the hope and the desire to do things differently and be differently as we move ahead. But before I begin sharing those stories, I want to make three broad statements.

The first is that in my estimation pre-pandemic Scotland was largely failing in the breadth and extent of bereavement support necessary to call ourselves a community of care and compassion which is one of the reasons that I ended up Chairing the national working group which has drawn together Scotland’s Bereavement Charter for adults and children.

The second point is that I am absolutely convinced that grieving in a pandemic age and now that we are moving into a different stage of the pandemic, is altered and is very different to the experience of what we had before. I think ‘Covid grief’ is a distinctive phenomenon and I believe that there are very real challenges relating to prolonged grief syndrome and also a sense of disenfranchised grief that many people, both professionals and those who are members of the general public are experiencing.

And the third general assumption is that I hope that the challenges that we have faced during the pandemic of grief and loss will aid us to use those challenges as a springboard to action and further intervention rather than being used as an excuse for inaction and lethargy.

So what’s the experience? What has this deeper woundedness been like? I’m not the first and I certainly probably will not be the last to state that the fracturing of relationships has been one of the most damaging impacts of the pandemic. And indeed, as we prepare and plan our future, the restoration of those relationships becomes critical and indeed, regardless of what we might experience over this challenging winter, I think we all of us recognise that the maintenance of relationships is critical. I suspect we will all of us remember where we were that night when the Prime Minister appeared on our televisions to put us into lockdown. Lockdown was nothing new for those in the care sector. We'd been used to it with any infectious disease and so the week before the national lockdown, our care sector began a lockdown. But most of us anticipated and imagined that that would be for perhaps not days but certainly weeks. We certainly did not imagine or envision that it would be for months upon months.

In our communities, daughters and sons were unable to visit their older parents. Brothers and sisters were unable to be together. High moments of memory and significance were cancelled. Children could not play and be with their friends. The normal rhythm of routine and the usual patterning of behaviour was dislocated. This interruption to the rhythm of living had a profound impact and an impact I don’t think we, even now, properly understand, not just in terms of the interruption to grieving but the interruption to our way of relating and being in community and in humanity, one with the other. In the earliest days of the pandemic, fear was heightened as we became more and more aware of the risk of asymptomatic spread. But at its heart people were not able to visit loved ones, even those who were dying, whether of Covid or any other condition. Love was detached, touch became a luxury for the last moments.

But even in April 2020, very early, we knew the importance of people being present, especially in those last moments despite the risk. And in those early days one widow wrote to me these words: ‘I was initially very frightened about the virus, but I wanted to be with John. The staff supported me so much and made sure I was wearing the right protection. I know it was not ideal but I was at least there. I am so grateful for them. Even though I was wearing gloves I held his hand as he passed. That was so important. I felt the touch of his heart through my fingers’. She was one of the lucky ones. She was there to give touch. But as time went on, people really struggled with only being there at those last and later moments. Relationships were strained beyond breaking, hearts were hurt and they were broken by the separation and absence.

One day in May 2020 I interrupted one of my many Zoom conversations with colleagues to go outside and stand with neighbours as one of my neighbours who had died from Covid left his house for the last time. A few weeks earlier he had entered into a care home locally because of the advancing stage of his dementia. He never returned home because he developed Covid. As I stood there clapping with others in silent tribute to an amazing individual, I couldn’t get out of my own head the words his widow had used when I met her a few days earlier to give her my condolences. She had nothing but praise for the care and the compassion of the staff and she was grateful to be there at the end. But she said to me, ‘His death certificate said he had died of dementia, but I wanted them to write in it that he died of a broken heart, but they wouldn’t. He died of a broken heart. I just know it.’ She was convinced that the separation was a key factor in his inability to fight and to live.

As the weeks went on in the pandemic, fewer and fewer people died, both in our care homes and in our communities but sadly in the rhythm of time people were still dying, not necessarily of Covid but the difference was that they were dying alone. They were dying without the tenderness of touch. Now our care home sector, just like our hospital and acute sector, is well used to the rhythm of death. Over time, indeed I’ve often commented that care homes have become hospices in the hearts of our community. But both our care homes and our hospitals were places where people were dying without companionship, without touch, without the familiarity of friend and family. During Covid-19 the natural humanity of caring was interrupted. Part of the rhythm of a death which is expected is the necessary and essential presence of family and friends to give assurance, to offer comfort and simply to be present. Being with the dying is our greatest gift to a human life.

Surrounding a life with love and memory, holding one another in our first steps of grieving are intrinsic to good and effective early bereavement support. And anybody like me here who’s been privileged to be present as somebody dies, knows how important that collective presence is, both for yourself as part of your grieving, but as your ability to contribute to others. ‘He died of a broken heart,’ she said.

Living is not just the intaking of breath into the frame of a physical body. Living is not just the occupying of space and earth. Living is not just being there. Living is about relatedness. It’s about knowing that you’re part of a story. Being assured that you matter, that your voice is heard, that your personhood is upheld. What is the point of continuing simply to draw in breath and expel it unless you feel valued, loved, held and wanted? And I am absolutely not convinced that the measures we took to ostensibly protect from the virus either aided that sense of dying in peace and surrounded by those who matter or indeed helped our grieving process.

Jane wrote to me about the emotion she felt during her husband’s funeral. She was one of a handful of close family able to be at the graveside because they had turned out to be a lottery of the last moments, a lottery of love. Families had to decide who was going to be present at funerals and those who watched on were digitally detached. They were unable to sit and offer comfort. They were desperate in their isolation. Jean spoke to me about how she felt. She used the phrase ‘the aloneness of silence’, not just the fact that her house was echoing with the emptiness of a partner of 40 years who was no longer sitting there in his chair watching the racing, but the silence that wrapped around her all the time.

In all my conversations with people, the loss of the predictable routines of mourning and departure have been mentioned perhaps more than anything else. The ritual and cultural power and significance of our ability to comfort one another, to hear the story and the significance, to tell tales, tall and humorous, has had a profound effect as we were unable to attend wakes or purveys. That reconnecting with memory which is so intrinsic to our bereavement and grief support was unable to be offered. We were unable to help one another at those critical times. And even those who recognised that they were struggling found it difficult in this virtual world to turn to centres and people of support because everything was closed off.

Cafés and pubs, social centres, restaurants, the normal areas where we help ourselves to reconnect, to reorientate our lives and our grief journey were not open to us. But perhaps the one most consistent thread that I have experienced, and people have talked about is their anger, and indeed their rage.

Alan spoke to me about how angry he was, angry all the time, at everyone and everything, but especially about those who introduced rules that stopped him being with the person who mattered the most to him. He was angry about the fact that he could not hold a party to celebrate John. He was angry that the rest of the world seemed to be getting back to normal, that there were pals still falling in love, folks going out for a pint, people making importance out of nothingness. He was angry at those paying lip service to the rules or those who broke the rules because they didn’t think they mattered to them. He was angry that his anger was in danger of consuming him, that he had rage eating up his love. Now we all know the importance of anger but when that anger is unable to be held, to be expressed, to be directed, then it consumes, and it damages, and it hurts.

Sarah was a nurse in a care home with years of experience. The care home was a family-run affair which had always performed well and was well regarded in the community. She and her colleagues had lived with fear as they watched the television screens with care home after care home falling foul and victim of the Covid pandemic. And then the inevitable happened. Mary in her 90s developed telltale symptoms, was tested and the news came back that she was Covid positive. In the days that followed, the nights and days disappeared into a blur of time. Energy was evaporated and the staff spent themselves in a measure beyond calculation in caring and being present and crying and offering comfort and allowing family in and being there, working in harmony on the edge of hurt. Ten days later 25 residents who had been there were now only 12. Sarah knew every single one who died. She knew them not as residents or names but as friends and familiars. She knew their dreams and hopes as teenagers and young people. She knew their trials of adulthood, their joys and sorrows. She knew their secrets and their terrors. She knew their laughter and their love. She knew them and they knew her and in just a few days they were no more.

The desolation of a destructive virus had ripped the heart from a home. The bricks and mortar remained but the home had somehow diminished. And yet Sarah kept going because she could do no other. ‘It is like having a wound which never heals,’ she said to me. ‘Every time it feels as if it’s getting covered, when ‘normality’ seems to start, I hear a voice that reminds me of Jimmy, or someone gives me a look just like Tina used to, and I’m back there in the battlefield because that’s what it was like, and the wound is open. I cannot seem to find anything or anyone who can patch it up and close it from hurting. It is my deepest wound, it is now me.’ That sense of woundedness beyond healing is something which people have often spoken to me about, especially those who’ve worked at the clinical and the care frontline. It is because of that that I’m absolutely convinced that many individuals are now experiencing what the World Health Organization has described as a ‘prolonged grief syndrome’ or ‘prolonged grief condition'. It is that sense of inability to reorientate one’s life, of constantly feeling burnt out and under stress, the characteristics of PGS, which I am absolutely convinced is a key characteristic of what so many colleagues are now experiencing.

Lise Johns and colleagues wrote an extremely helpful paper on PGS in the acute and care sector which was published in the summer of 2020. And if you look at that list, many of those are characteristics which individuals are experiencing, individuals who have cared for and supported and been present in the lives of those who they have supported. In addition, I think we need further academic research to look at the nature of what I am seeing in both my conversations and also in my writings, and that is Covid stigma. Just as sociologists after the Spanish Flu pandemic in the ‘20s and ‘30s commented that many individuals began to develop a stigmatic response, they kept quiet about the fact that their relative had died of Covid. I think we’re beginning to see signs of people responding to Covid with a sense of stigma, especially as the rest of society moves on. We need to look at that because the experience of the 1980s, particularly with HIV Aids deaths, can show us how damaging a stigmatic response to death and loss can be.

So I think we do, as a community, need to do a lot of work about prolonged grief syndrome, particularly in acute and in care sectors because there are distinctiveness and perhaps the greatest distinctiveness in the care sector is the fact that the depth of relationship over a prolonged period of time is fairly unique, not completely unique, but significantly unique that is deserves attention.

But I want, in the last 10 minutes, to now move on to signs of hope.

Jim spoke to me about how he used to sit in his favourite bench at the beach in all weathers with his life partner and how they would sit and comment, making up the lives of passers-by, making them far more interesting and decadent, rude and intriguing than they doubtless were. But as he sat watching the tide come in, he was always struck by the fact that every new tide was new. It washed the beach of that which was old, bringing a freshness and a new start and a new beginning. And that appealed to Jim because he was an artist and a painter. But when he lost his partner to Covid, he lost his creativity and all he saw instead was not that newness but the relentless, ongoing tide of pain and hurt which nobody seemed to understand.

‘Every time I sit there now all I see is the sea coming and coming and coming. The tide of tomorrow just keeps arriving on my shore and I sit there like Canute trying to stop it coming in because I don’t want to be in my today, never mind my tomorrow. And do you know what makes it worse? It’s everyone else being excited about their futures, planning and scheduling, commissioning and creating. I cannot put a brush to canvas because I feel it would betray everything.'

Now many of you will recognise those words of real hurt and of blocked grieving. But the way in which we deal with a grief which disenfranchises is very hard and that is what people are experiencing. They’re experiencing a grief which doesn’t fit with a society which has stopped calculating the nature of loss, which has stopped counting the singular story behind the daily statistic of Covid death. It doesn’t fit with a society which wants to move on and restore, quite naturally, and so for so many, both those who have died of Covid and perhaps particularly those who have not died of Covid, but who have lost so much, they have family, friends and communities, feel as if they are disenfranchised. And when you look at those classic indicators of disenfranchised grief, then I think we need to think and hold on to the signs of hope.

William Worden critically used to comment about the fact that grief was hard work. In his work, his seminal work he always used to talk about the daily graft of grieving, that mourning was a task which needed effort and energy. And I do sometimes worry that our state of acceptance of grief and bereavement has changed. So as Graham said at the beginning, I think there was a time during the last 20 months in which we were more sensitive and aware of the impact of bereavement and loss and people talked both in virtual reality but also in physical experience about death and dying in a way that they had not. But I do wonder whether or not in our rush back to reality that sense of openness and willingness to exchange and share emotion is lost and I do wonder if we are, as a society, prepared to do the hard graft of grieving, especially when the normal avenues of restoration and reorientation are not open to us.

We have to learn the lessons of this pandemic but part of that learning is not to rush to a new normal without taking the pain of the pandemic and the hurt of our humanity with us.

In the summer which has just passed I went to a family wedding in England and on the way back I stopped off in York and spent a few days and like so many I went into York Minster. And York Minster was holding a festival, a festival of cranes. Now as part of that, they had pictures of the Aberdeen Bestiary and the Aberdeen Bestiary, I had not heard of it, was a medieval manuscript which depicted animals which each of them had a distinctive symbol. And the crane was one of the core of those animals.

Cranes were said to look out for each other by taking it in turns to watch for danger at night, holding a stone in their craw, and if the crane fell asleep, the stone would drop and would wake the others in the group. So in the medieval context, the crane was depicted as an image of the need for a community to show compassion and care and watchfulness for one another. Cranes are also hugely symbolic and meaningful in other cultures and traditions. And in Japan cranes symbolise health and wellbeing. The paper crane is a symbol of love and peace and hope. And when somebody is ill it is a not unusual Japanese tradition for an individual to make 1,000 cranes for that person because cranes are believed to live for 1,000 years and to give them to that person as a sign of hope for their recovery. In Japanese the word for this is kibo.

In York Minster under the guidance of a local artist, Penny Phillips, children were invite to make individual cranes, children who had struggled with the loss of so much during the pandemic including for some, the loss of family. And so if you visit York Minster, high in the medieval cathedral, you see those cranes fluttering, bringing hope.

We need to find our kibo, we need to find the hope of our bereavements and there are signs. The Bereavement Charter in Scotland is now being much adopted across the country and I would encourage you to look at the websites and to explore the Charter and see how it can make a difference to you and to the work that you do.

The UK has set up a Bereavement Commission and a number of charities have come together to fund an exploration of the experience of people, not just during Covid but before Covid, about the level and extent of bereavement support in our country and I’m honoured to be one of the commissioners. So there are indeed signs of hope across the country.

My sign of hope during the pandemic was that I rediscovered my joy of poetry and indeed music. They became for me my comfort keepers. And for me there are very few poems which capture the extent and nature of loss as ‘When Great Trees Fall’ by the American poet and thinker, Maya Angelou. It’s a stunning poem and very apposite to these environmentally-aware days. It’s greatness is in part because it reminds us that when anyone dies they leave not just a memory but a call to action based on their living. The thousands of women and men who died during our pandemic experience do not need memorials alone. They need action to hold their memory. It's a poem which starts:

“When great trees fall rocks on distant hills shudder, lions hunker down in tall grass and elephants slumber in safety. When great trees fall in forests small things recoil into silence, their senses eroded by fear. And when great souls die, after a period peace blooms, slowly and always irregularly. Spaces fill with a kind of soothing electric vibration. Our senses, restored, never to be the same, whisper to us.

They existed. They existed. We can be. Be and be better. For they existed.”

The hope of grief will come when folks will no longer need to cross the road to avoid those of us who are raw with grief. The hope of grief will come when there will be spaces and places in our busyness, when we allow people time to reflect and simply to be. The hope of grief will come when politician and leader take grief seriously and plan, organise and adequately resource bereavement support. The hope of grief will come when we see bereavement support as an inalienable human right, as a mark of human dignity, as intrinsic to a community which upholds each other in hurt as much as it does in healing. The hope of grief will come when we train and resource, equip and encourage frontline staff,

whoever they are, to be able to not only do their own work of grief but to uphold those who they support. The hope of grief will come when we can together as a community cradle the bereaved and

give solace to those who need comfort. If that hope becomes the legacy of the last 20 months, then all the hurt and all the pain, all the tears and all the fear will have been heard and held and the healing of the deepest wound will have started. Thank you all for listening.

GW: Thank you, Donald. That was a very moving and thought-provoking presentation and I think the stories are certainly very powerful individually and then even more collectively when you think it just helps demonstrate maybe the enormity of what people have, have been through. I’m sure there’ll be many people have lots of questions so I encourage people once they’ve had the chance now to listen to you to please post some questions that they may want to ask. I suppose, you touched briefly on where we might start, I suppose, to tackle this problem. You talked possibly about adequate resources and government resources. So, what do you think could be done from that side of things? Or how can we start to make a difference I suppose?

DM:Thank you, Graham. One of the benefits of being one of the Commissioners on the UK Bereavement Commission, and huge thanks to the four major charities who have resourced that Commission, is that it has allowed me to see and hear what’s happening elsewhere in the United Kingdom. And there’s some amazing work happening. Colleagues from Wales have started some amazing work in terms of developing their own national response to grief and loss. Colleagues in Northern Ireland are doing really interesting work and we’re hoping and working closely with them in terms of the Scottish Charter. But I think at the heart of it, somebody said to me a few years ago, politicians don’t like dying. And they didn’t mean that they don’t like dying themselves, but they don’t like to be too associated with death and grief because it’s not necessarily positive.

And that has always remained with me because whilst on the one hand it’s important that we value the experience of individuals and that we restore the loss as much as we can by getting back to normal, I think we need political leadership which accepts and values the trauma that people have been through. The fact that we need to equip and skill our frontline staff, and I don’t just mean in health and social care but all staff, particularly those dealing with the community and with the general public, and that we need to invest as much in equipping ourselves to be a nation which does death good and better, as we do to equipping ourselves as a nation which supports the entry into life.

I don’t think we have done that. I am not seeing, sadly, the extensive political commitment to bereavement as a distinctive facet and key component of our human living. That’s why for me bereavement support is a human right. It should be there in Scotland’s new human rights legislation which we’re developing at this time. It should be there in Scotland’s new national care service. The mark of how we have inherited the hurt of the pandemic will be what we do with that hurt. Will we pass by, or like William Worden encourages us, will we roll our sleeves up and do the work? And to do that we need the tools, we need the resource and, yes, our political leadership, we need the money and the priority.

GW: Thank you. I think that’s very true that it does need to be addressed at that level as well. Just waiting to see if any other questions are popping in. Nothing at the moment. I suppose maybe on a local level, you talked about how the care home sector and social care being very hard hit and the impact I suppose that that has had. So I suppose if we’re thinking along the wellbeing aspect and how we can support staff in that context, is there anything you’d want to say about that? I know at a recent talk I was at someone said, well, if we had all this money, could we give everyone a month off to help them just to pause and reflect and absorb, would that help recharge people? But I don’t know if there’s anything you had to comment about that.

DM: I think people are exhausted, Graham. You will know that anybody who is working at the frontline on this call will absolutely know that. And Sarah, whose, part of whose story I shared with you, kept going because she couldn’t do anything else because she was committed to those residents in the care home and she was committed to her colleagues. But she eventually actually collapsed. She was burnt out. She couldn’t continue to give, and like so many, she is off at the moment and she’s not at her workplace because of being burnt out and broken. And we know that somewhere in our heads statistically, I’ve spoken to and heard far too many people who have been burnt out and, yes, some extra time, some reward and recognition would make a difference. Some value because actually I think so many people who are still on the frontline are not being valued by society. Care homes have had a hell of a time but so too have people in our communities who are delivering home care and housing support. We’ve lost a huge number of our neighbours to Covid, many of whom were in receipt of home care packages which were withdrawn within 24 hours and within a week. We’ve seen though academic research a huge increase in Covid deaths in the community. And I am absolutely not convinced that people were supported as they should have been and that’s left a legacy of real anxiety and professional distress amongst those in primary care, community care and in social care.

So, I think we need to first of all diagnose the problem because I think we’re not doing that strategically and we need to recognise the distinctiveness of response. So a one-size-fits-all, a virtual response of support, and there are fantastic tools, please do not hear me negate those, will not fit. They would suit the person who’s 22 who I heard of the other day who experienced their first death as a care worker and within a week lost five people who they knew. That was her first experience of loss. Where is the vocabulary, the language, the emotional maturity for her to deal with that? Because the next Monday she’s back on shift.

So I think we’ve got to recognise that people working in acute, emergency, and ITU and care homes, in the community, people at the front are wounded and just as we took 15 years to properly recognise the sense of woundedness for those at the frontline in the first world war, I hope we don’t take 15 years to reap a harvest of regret by not responding and intervening appropriately. We’ve done some of the work, we need to do a lot more.

GW:Thank you very much, Donald. That’s certainly very thought-provoking and thank you for your thoughts and all those stories.

The film was produced in November 2021 and can be found at [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or <https://vimeo.com/677761692>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or contact [SupportAroundDeath@nes.scot.nhs.uk](mailto:SupportAroundDeath@nes.scot.nhs.uk)

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