**NHS Education for Scotland**

**Talking about Bereavement Podcast Series – Transcript of ‘A mortuary manager’s goal: Improving care after death standards and destigmatising bereavement and mortuary services’ Podcast**

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**LI:** Hello and welcome to the Talking About Bereavement podcast, which is brought to you by the Bereavement Education Programme in NHS Education for Scotland. I'm Lynne Innes, one of the educators in the team, and in these podcasts I'm going to be talking about bereavement with our guests, who will be sharing and reflecting some of the work and learning they're involved in as they talk about bereavement.

**LI:** Hello and welcome to this episode of the podcast. I'm really pleased to introduce my guest today, Meri Miret Gonzalez. And Meri is the Mortuary Manager and Anatomical Pathology Technologist at Royal Free London NHS Foundation Trust. I was delighted to first meet and hear Meri talk about her role at a recent annual education event for the Association of Anatomical Pathology Technologists in Glasgow earlier this year, which sparked my interest of her role and so thought it'd be interesting to hear more about that from her in a podcast. During the first surge of COVID deaths, Meri created a service of virtual viewings on the Royal Free Hospital Mortuary that would enable relatives who are, who are bereaved to view their deceased loved ones during times of strict travel and visitor restrictions. This innovative service was so well received that she was invited to Windsor Castle as a finalist for a Wise COVID Unsung Hero Community Champion Award, where the, Her Royal Highness Princess Royal recognised her and other women in STEM. First of all to say, Meri, thank you for joining us and, and hello and thank you for being here today. Congratulations on your, on becoming a finalist. But just tell us a wee bit about what that actually, the Wise COVID Unsung Hero Award is and, and a bit more about STEM just for, for our listeners who may not be familiar with, with those acronyms.

**MG:** Absolutely. Well, thank you so much for having me, first of all, and hello. Yeah, so basically, I was nominated by my manager back then during COVID because the Royal Free London, we were very much impacted through the first wave of COVID here in, in London, which is was, it was quite brutal for us. And I think one of the, the worst things for me was to think about patients who will come to the hospital as, you know, as a brand new disease with COVID, you know, not knowing what was happening, maybe not feeling that great, but not feeling like they were dying at all, you know. But then very quickly those patients will, would have, would have gone down and, and, and sadly pass away. And we encounter ourselves being almost the last persons, or if not the last persons to, to see and to care for, for those deceased patients. And for me, it always shocked me that I was allowed to be there, and I was able to care for them, but their families weren't. Because if you remember during COVID, there was a point with the whole restriction measures that people weren't even allowed to go to funerals or, or have any kind of, it was almost like a direct funeral or cremations or burials. So, families weren't able to, I feel to, to say goodbye properly.

So that's where we came with the idea of actually adapting a service that, that was already in the NHS, that it was the Attend Anywhere that it's with that it was basically a virtual appointment system to actually adapt that to our mortuary service and be able to offer virtual viewings for, for the, for the deceased and for their loved ones. So, they could actually say goodbye and see their loved ones for their last time. And it was really, really successful because obviously, once the restrictions came to, came to be, nobody was able to come into the hospital at all. And as I said, patients will come in thinking, oh, you know, it's maybe a fever, maybe, you know, I'll be back in, in, in a couple of days. And that was the last time that they were seen by their families. So huge impact. I think it really, really changed the way almost mortuary services we're seeing because we were able to offer that last, that last goodbye. I think as well talking about how important was, you know, health professionals during the, the pandemic. I think talking about bereavement and mortuary services, I think that the pandemic was a time when a lot of people realise how important those services are inside of the, of the health system and the health care. So, so yeah, so basically that's, that's what happened with the, with the pandemic and the virtual viewings. And that's why I got, I got nominated for, for creating this service who obviously after COVID, we're still using and it's still very successful because it allows people to visit that obviously in London, you know, we have a community of, you know, multi, multidisciplinary, no, multi, a, a, a cosmopolitan city, isn't it? So, we have people from all around the world. So, it's very usual to, to then have families from all around the world wanting to actually say goodbye to their loved one because they don't live in London. They may not be living even in England. And as well, not only that, but that's it people who may not be able to get into the hospital because of, you know, transport issues, etc. And they've been able to actually say goodbye. And I think that that's, that's, that's one of the services which I am the proudest really in, in hearing what we do in the mortuary.

**LI:** I was just thinking about you're talking about that. And it was, you know, it's been obviously ongoing for a little while now from because you, you instituted it at the start of COVID and you said, you've said that it's still ongoing. And how does that feel for you to be offering that service to people and, and how, how is that, how does that continue to be received?

**MG:** I think at the beginning it was received a bit, you know, I, I would say there was a lot of strangeness or weirdness around that. Because obviously the moment you say, you explain how the system works, that it's basically, you know, what we use it's, it's a tablet, a device, a portable device that we can place in the room with the deceased and that we can move as well. And, you know, so people feel a bit at the beginning that the responses, they weren't as positive as they were once they actually saw the, the response to it. So obviously because they think, oh, it feels a bit weird to having a video call with somebody who's deceased, isn't it? But in the end, I think that they actually realised that it's not that obviously you're expecting that person to respond to you or to have a conversation with you. It's, it's more the, the, the opportunity for you to see them and for you to, to, to say goodbye or to talk to them. I had people singing to them, talking to them, having conversations, just, or not saying nothing at all, but at least being able to see them. And, and I had people as well asking me, can you go a bit closer? Can you be, you know, can you show me their hands? And it's and it's, it's made such a difference. Like I do remember as well, specifically a case of, of a lady who obviously was COVID and she couldn't come into the hospital because of the restrictions. But even if she could, she was actually on a wheelchair and lived outside of London, so it would have been almost impossible for her to actually come in. And she knew that she probably would have missed the, the funeral per se, even without COVID. So, this was literally her last opportunity to see that, that loved one. And we've received like so many thank you cards and messages and we have people as well returning back and not only having one visit or one appointment, but a couple, you know, and having more people as well coming. So, it's, I think it's made a tremendous impact. I think that the people who in the trust may have been a bit reticent at the beginning, they've been able to understand the impact. And if we really think about what happened during COVID as well, when people were in ITU, for example, and they were using already video calls to have those conversations and there's and those visits with their families. It's not that big of a change, isn't it? For me, it's like, why is it okay to see your loved one in hospital in a video call if they're alive, but somehow it's, it's it becomes strange if they're deceased.

**LI:** Yeah, it's, it's interesting actually to think about that. And I wonder if that's maybe culturally we, we…

**MG:** Yes.

**LI:** …find that kind of more tricky to think about from a societal perspective perhaps.

**MG:** Absolutely.

**LI:** I don't know, just it’s a, I'm wondering. It's not a kind of evidence based…

**MG:** Yeah, I know.

**LI:** …as such, but, but yeah.

**MG:** I think it's absolutely, as you said, I think it's a, it's a cultural aspect to it definitely, isn't it? Like if we, if we go back into what was being done not so long ago, maybe 100 years back when people were actually having a lot more closer relationship with death and dying and, and they would have you know when somebody would have died in their families, they would have their wakes in the house and, and, and the, the deceased would be in their beds etc. And they would do those kind of memento mori pictures of the deceased. And that will be probably the only picture that they had of that person. Because, you know, back in the day, photography was very expensive, so on and so forth. So obviously our relationship as a society and as an individual's change through time because of technology and because, you know, progress and etc. But that's it I think that personally, as a society we've, we've actually move away from death and we've kind of put it in, in the back burner, isn't it? We don't really want to think about it. We don't really want to see it. So obviously we place things or walls around it to not think about it. So obviously now if you go back and say, oh, let's do a video call to, to see our last or our loved one for the last time, of course a lot of people are going to be like, not for me.

**LI:** Yeah, yeah.

**MG:** And that's absolutely fine.

**LI:** Absolutely.

**MG:** That's absolutely fine as well.

**LI:** Yeah, yeah. And do you, do you have any kind of time period? Like are people, can people spend, you were talking about people singing or talking to or having, not conversations, but, but kind of speaking to them. What, how, how long? Is there a limit to the amount of time that you, you have…

**MG:** So…

**LI:** …or can they spend as long as they, they would like to?

**MG:** In our trust, the appointments tend to last around 30 minutes.

**LI:** Okay.

**MG:** Only because we always want to maintain the, the dignity and the condition of, of the deceased. So, for those appointments, we will be transferring the deceased to, to a different room from a refrigerated space. So obviously that will involve a change in temperature of, of the deceased, of the body of the deceased. And obviously we want to maintain the deceased in the best condition as possible. So that's why the time is kind of limited. We encourage a maximum of three visits just because the same thing. So obviously every time that we will prepare that, that patient, it's going to have an effect. But as well it really depends. I think that there's that moment of, you know, every family is different, every patient is different, every situation is different. So, we always have a bit of space to, to, to run with. So, for example, if you know, I don't tend to be very strict in the, you know, it's been now 30 minutes, you need to go. Absolutely not. If you're, you know, if you're saying your goodbyes and you're spending another 5 minutes, that's going to be absolutely fine. There's no, no trouble in that.

**LI:** It sounds like it's been a very kind of compassionate act to, from your perspective and from the mortuaries perspective to carry out for people and a very kind, you know, we talk about the strength and nurturing-ness of kindness and it sounds like that's exactly what this is really is a very kind act. Very generous of you to, to have done this, and do you know how much that's been, how much this has been shared across, across the country?

**MG**: So, I remember that back when we created this service that it's been now what, four, four years or so. We actually presented it on the Annual Education Event of the Association of the Anatomical Pathology Technologists as well on that time. So, after that, we were able, obviously to share it with the rest of our profession and we did receive a few contact from other mortuaries all around the country asking on how to do it, how to set it up, how to help, to actually provide that. I don't, I cannot give you exact numbers on how many hospitals do offer this service, but I do know that there's a few around the country. Again, it's the same thing ,I think that everybody who works in, in, in mortuary services, it's because they want to and because we have that feeling of what we are doing is actually caring for the deceased and I think that we are part of, of the, of healthcare and that the, that for, I think that for us, the journey of a patient doesn't end once the patient dies. The patients still a patient. It doesn't become a body, it doesn't become a thing. It's still the same patient and it still need the same care and the same standard of care that they receive when they're alive in the other areas of the hospital and I think it's probably why we're here. I think that we need to ensure that that's what's happening and we need to ensure that the dignity is kept at all times and that, you know, that we are respectful of that person and that we are, for me, if I'm telling you the truth, it's actually an honour. I do feel very honoured to be one of the last persons of, you know, taking care of somebody else, making sure that that's it, that they're clean, making sure that they're dressed, making sure that they're respected. And that's why I think probably during COVID, I almost had that, that primal response. So, saying this is not okay, it's not okay to, you know, have almost a conveyor belt of funeral directors, just coming and taking people for burial or cremation and people not being seen and not having, you know, a proper goodbye. You know, it, it felt almost very wrong.

So yeah, I think that that's probably why do what we do and, and obviously supporting viewings with, with the family and supporting viewings with the bereaved. It's, it's our bread and butter, it's basically our why we’re here. So, we're here for the deceased, but we're here for the bereaved. And we're kind of that almost that bridge, that connection between them. I know that there's a lot of mortuaries or some mortuaries not a lot, I don't want to think a lot, but there will be some mortuaries that they're not very happy doing viewings or, you know, or, or they would put like only one viewing or no viewings. And for me, it's like, well, or if the patient is in a certain condition, they will go, oh, you shouldn't be seeing them. I don't think I'm in that position. I don't think I'm, I'm no one to actually say to a family you cannot see your loved one. And that, and that's and that, that can be very difficult, and I understand that, I understand that there are some patients that they're not in the best condition for whatever, you know, the reason it may be that they had, you know, a traumatic death or you know, it may be that you know, they were, they've been deceased for a certain time and they've been deteriorated, etc. But whatever the reason, we shouldn't make that decision. I think that the decision its lies with the family. We can always advise or recommend, but for me it's not even recommend, for me, it's more about informing. I really like to, you know, to communicate and to explain and give that option and give that chance and it's not, it's not for me to decide. I can always tell you and explain how your loved one is looking or what you're going to be seeing and so then you can have the information and you can make that decision and say, you know what, it doesn't matter I still want to see them, absolutely, please come in. You know, I think there's still a bit of work to do about that because in some places they would be absolutely not, you know, you shouldn't see them and I don't think that's for us to decide really. But that's, that's a personal decision.

**LI:** Feel like I'm nodding in agreement with what you're saying. So I remember and it's a long time since my, my dad died and he was a sudden death, but not a traumatic death and I went to see him in the funeral home and I remember the funeral director saying to me, I wouldn't want to see him and I said, well, I do want to see him. You know, I would really like to see him and I'm a nurse and felt like that was like…

**MG:** Yeah…

**LI:** …I could cope with it and I was okay and he's like, I mean, he didn't say, he didn't say why I shouldn't see him. He just said I don't think you would want to see him, but I did see him I proceeded and, and, and did see him and he, he kind of, he looked okay.

**MG:** Yeah.

**LI:** I'm still never, not sure 20 years on actually, why he didn't want me to see him, and I never asked him that because I just saw him and left. But yeah, you know that. So, I think what you were saying there about not recommending it and give people an informed kind of choice about…

**MG:** Yeah…

**LI:** …what they're, what they're, what they might see and so they're prepared for it but…

**MG:** Yeah.

**LI:** …but, but yeah, it's, it's kind of refreshing to hear you saying that's not your decision to make because actually that's the decision of the, the family.

**MG:** Again, it's what we were talking about. That's it death in society and, and how do we react to it, isn't it? So I am a manager of two different mortuaries in, in two different hospitals and one of them just very, very recently, last week, there's been a plaque in one of the rooms close to the viewing room that I don't know since when it's been there, probably before my time. But it did say, oh, it's something along the lines ‘Viewings are not allowed for children. This is not a good space or a safe space for children.’ Almost like that's it children's are not, children is not allowed to come for a, for a viewing and I was actually shocked because I was like, well, why not? And again, it's that, it's that assumption, isn't it? It's like, well, I'm recommending you, I'm suggesting you, you know, children's no, definitely not, they cannot come in and I and it made me wonder like why? If somebody dies and they have little children, why they cannot come and say goodbye. Again, it's not about forcing them absolutely not if they don't want to. But if they, they want to say goodbye to mum or they want to say goodbye to dad or they want to come and say goodbye to granny, why not? Or, or, or a brother or a sister or whoever that is. And I remember having these conversations with, with some people around this and again, for me it’s going back to the same thing. It's about information, isn't it? It's about consent, it's about how are we helping people and how are we supporting them in their grief,…

**LI:** Yeah.

**MG:** …in their bereavement and, and it may be a reason why certain people may need to see their deceased loved one. The same reason that there may be others that they would never want to see them, like for example, my father and I'm sure that you know, a lot of people too, that my father has never seen anybody after death…

**LI:** Okay.

**MG:** …not even their parents, not even nobody. They would go to the wake or they will go after, you know, and meet with all the family, but they would never go and physically see the deceased because, you know, they would prefer to have the memories of when they were alive and they don't want to have that image of seeing someone actual, actually deceased, and that's again, absolutely, you know, respectful and that's absolutely fine. But the other side also exists and there may be people that they may need to physically see that deceased person to actually to be part of that grief journey and that kind of acceptance and actually realise like I do have I had some people coming and, and visiting and, and actually saying, oh, they know they're still breathing, right.

**LI:** Okay.

**MG:** And you stay with them in the room and obviously you, you don't say anything. You just stay with them, and you support them and some of them, they will actually realise and they will tell you, I'm probably imagining, isn't it, that they're breathing. And it is true, it is very strange to stay in a room with somebody who is in a bed or looks like it's in a bed and your mind may play tricks on you.
And it's easier for you to imagine that that person is breathing and that the sheet is moving a bit because it's what you're used to and your brain is used to than to accept that no, there's somebody who's not moving at all in a bed, almost looks like it's asleep, but it's not. And then I had that people actually come and say thank you so much because now after, you know, spending half an hour in a room with them, touching them, I can see that yeah, they're definitely they're dead, they're not here. But I didn't believe it until I see it, isn't it? And it's that seeing is believing. So…

**LI:** Yeah.

**MG:** …you know, who are we to say no, you cannot come and do it, you know?

**LI:** Yeah, absolutely, and it's, it's yeah. Well done on, on what you've done around developing that service. The other thing I really wanted to ask you about was because I think you spoke about this at the education event, was your care after death training, which you, cause’ you've created this six month training programme to develop care after death guardians who are advocates for the deceased and their bereaved during the journey. And I'm kind of reading from what you sent me because, because it sums it up so well. So, you constructed a multidisciplinary delivered programme to empower nurses, healthcare assistants to learn more about bereavement, the mortuary, the medical examiner services, chaplaincy and spiritual care, communication skills, coroner service and the NHS blood and transport teams. And that sounds like so comprehensive, and what you wanted to do was improve the standard of care after death and to support destigmatisation of the functions of bereavement and mortuary services. So that you educate healthcare professionals on the importance of compassion, understanding the grieving process, fostering an environment where both the deceased and their loved ones receive the respect and dignity they deserve. And I remember hearing you talk about that the, the event and feeling quite blown away by what you had, what you had managed to do and what you, what you were achieving with this. And so, I suppose just tell me a bit about that and, and, and kind of, yeah, because it sounds amazing. And as somebody that works in spiritual care, I'm delighted to see that chaplaincy and spiritual care are, are in there because sometimes we're not always remembered about. So, it's lovely that we're, we're there.

**MG**: No, of course, I mean, I think that this is, again, you know, I guess that by now you may feel that I, I keep inventing new things. I think I'm, I'm huge on education and, and, and on teaching. And as I said previously, I think that there's a lot of, you know, taboo and a lot of misconceptions around bereavement and mortuary services and, and what do we do and, and why are we here. Even in here, not only in the general public, but in inside the healthcare community.

So, my background is in nursing. I used to work in theatres and ITU and maternity. I work all around the place. Something that it was very clear to me is the moment that somebody died, even though you may have cared for them every single day in the wards, the moment that some patient died, everybody would run away from, from the room, like all the nurses would go. All of a sudden, magically almost that patient became somehow somewhat different. And even though you may have been with that patient every single day and performed personal care and talked to them and done every single thing, you know, the same thing every single day. Somehow that moment that they died, people became, you know, afraid somehow. And they will be like, no, I'm not touching, no, I'm not going no, I'm going to, you know, next door.

And care after death was always almost like an afterthought in, in, in education, when you know, when you're a nurse and then you have that your, your induction in your new hospital or even when you're training to be a nurse, actually how to care for the deceased. It's never really thought about, isn't it? Because I do understand we're all working in a hospital. We want, we want to cure people, we want to heal them. We don't want them to die. But 10 out of 10 people will die and we're all going to end up there, and sadly in a hospital, a lot of people die. So how is it that even though we know that a certain amount of people are going to die wanting it or not wanting it, how is it that we're not actually having a proper education on how to care for them appropriately the same way that we do for our living patients?

And I think that that's where it started. It started off, we offer care after death training. When we say care after death with meaning, we are meaning that back in the day, people used to say last offices. We moved it and we call it care after death because first of all, I think that, well, we think that last offices has some religious connotations. And we think that care after death offers a more kind of an umbrella term not only of what do we do physically for our patient, but again for our bereaved. And it's all the care that we provide for them after death. So, because we offer care after death here in the mortuary that it's like a very kind of short delivery and we can go to the wards and do like one hour, half an hour training hands on, on how to actually physically prepare the patient for the mortuary.

That's when we realised that that's it. There was a need for more training, there was a need and there was an appetite. And that's where you know, and you see clearly where you have some specific, there's always, isn't it somebody in the woods, in every ward that will be a bit, a little bit more curious. And will have, you know, a couple more questions about it and how do you do this? And what do you, what happens after that? And what is a coroner and what is a postmortem? So, I thought that that was a perfect opportunity to actually grab them, develop them, give them the tools and the empowerment to become these guardians, to become almost like the link between us and the bereavement and, and the rest of their team in the wards where they can become experts on care after death, where they can train their teams. They can be literally that's it, they can be and they can become the advocate for their deceased and the bereaved. So that's it, if there is a patient that dies and the family has any questions, they can go to that person, they can get all the answers they need.

And yeah, and, and basically it was me in a corner typing a lot of stuff and getting in touch with a lot of people in the hospital. We have a fantastic relationship with our chaplaincy and spiritual care team. And you know, we have a, a, a big community here of, of Jewish, Jewish patients and, and Muslim patients as well. So, we all came together and the good thing about the care after death guardian thing is that it's been highly successful because that's it, it's, it's, I think it covers a need that, that was there, but probably people didn't know how to put it or, or, or what to actually ask or what is it? What was the problem? And I think that from our perspective at least, we were able to cover a lot of terrain and, and to make sure that that's it, that staff were getting the, the, the knowledge that they needed, but more importantly, the standards of care for our deceased patients were getting better and better. And that was for me, like obviously that's the easiest way to see if this programme, it's been successful, it's just by the reduction of incidence of care after death that we recorded after the implementation of this, of this programme, which has been 50% reduction on incidence…

**LI:** Okay.

**MG:** …of care after death. So, it's been, you know, quite, quite successful. But yeah.

**LI:** And over what period of time have you been, have you been running this programme now?

**MG**: So, this has been, we did a pilot. The first pilot that we did was in 2023 so…

**LI:** Oh, right okay.

**MG:** …a year. Yeah, it's been a year now. The idea is to implement it. We started it in ITU here at the Royal Free and the idea is hopefully by next year to be able to move it all around into the trust. As I said we have two different hospitals so just to create it as a gold standard and the idea would be to have at least one or two, if possible, the more the merrier, care after death guardians in each…

**LI:** Yeah.

**MG:** …in each ward. So yeah, fingers crossed. I think the idea is as well that this is a voluntary programme because again, I've always been on the side of if they force you to do something…

**LI:** Yeah, yeah.

**MG: …**it's not the same…

**LI:** Yeah.

**MG:** …as if you want to do…

**LI:** Yeah.

**MG:** …it isn't.

**LI:** Absolutely, yep, yep.

**MG:** So, and as I said, there are, there is always, always, always someone in every ward that we go into training. There's always somebody who would, you know, after we finish the training, will come and ask for more and what can I do? And can I visit, and can I know this, can I know that? And those are the kind of people that, that, that we actually wanted, that they're passionate, that they want to know more, that they want to be there, they want to develop for further and they want to be those advocates. Yeah.

**LI:** Well done and I think you said a wee bit ago, you think I'm the person that innovates or is always coming up with ideas and I mean, these are two pretty remarkable ideas. So I think, well, I'd like to say keep innovating because we need people like you who are coming up with ideas and, and then actually get yourself into a little corner and writing them, as you said, and developing them and, and then piloting them and then rolling them out. And, and so that's, that's like, that's a real quality improvement piece of work that you've been doing. And, and that's it's, it's, it sounds really inspirational. And I think that destigmatising death, but the functions of, of bereavement and, and for those where people who are bereaved and, and you know, you were talking about, you know, in the past, people would have had wakes and they would have been lying in their bed. And, and, and the other thing is that people would have died at home in the past…

**MG:** Yeah.

**LI:** …in, in the way that they kind of don't so much nowadays. I mean, some people still do, but a lot of people die in hospital. And so…

**MG:** Yeah.

**LI:** …we've actually all moved away from, from actually, I'm going to say coping with that, but actually navigating that. And, and so I wonder if that's part of the kind of why we're now doing this destigmatising.

**MG:** Yes, no, absolutely. I think that that, that’s what I was saying. Like, how can it be that something as natural as dying…

**LI:** Yes.

**MG:** …wanting it or not, again, we all die. So, but how can it be that we can be still so scared? And as a society, I get it, you know, everybody's different, but in, in, in a field of healthcare, that healthcare professionals in general, there's still a big bunch of them that they're still pretty much scared, very well scared. And the moment that that's it, you say, okay, today we're going to be talking, you know, if you do like a training day of whatever the reason and, and you have a bit of a section, a tiny bit of a section of bereavement or, or that's it, or care after death or mortuary or anything like that, you see the faces, you see the faces, you, you, you know, they, they want nothing to do with it. We offer here in the mortuary part of, of what we do as well in our, in all our trainings is I always ask to all of them, first of all, do you know where the mortuary is? Do you know where the bereavement services is? And this is not for staff that they may have been here, you know, two months or they may just brand new. This is for stuff that they may have been here 10 years, 30 years. Some people, they still do not know that there is a mortuary in the hospital. They don't know where it is, or they never actually been in there. So, one of the things that we always offer is if you want, again, I'm not going to force you, but if you want, I would recommend you to actually come down with me. I will give you a tour, I will show you what do we do. Not going to be seeing a deceased, this is not an exploitation. You're not going to be seeing blood splattered on the walls. You're just going to be seeing a very regular kind of ward like yours. The only difference is that your patients, you know, you have them in bays, my patients are in refrigerated spaces, but the rest of it is quite, quite is similar. You know, we have the same kind of colour walls, we use the same folders, we have a tiny office and a little kitchen and we have a, a viewing room, which I think that's a lot of people then, you know, they come because they almost feel like they have to come. And you can still see that they feel a bit, you know, weary to get in, but that's not the way they come out. The majority of them, if not 99% of them, that will come out of the mortuary with smiles on their faces, laughing, saying, oh my god, I never thought it was like this. Oh, I feel now very, you know, they feel empowered that if that's it, if somebody has a question about the mortuary, they now are able to answer. So that's it, if somebody dies and say, oh, where is my mum going to go now? They've actually seen the place…

**LI:** Yeah, yeah.

**MG:** …where mum is going to go and then they're able to answer those questions and they know that this is not a scary place. And then they know that this is a, a place that where we're actually taking care of patients the same way that they are taking care of patients upstairs. And again, that's, that's a big part of what I feel we need to do as bereavement and mortuary services. We need to be engaged. We need to be out and about. We need to go and meet other clinical teams around the hospital. We need to be visible, and we need to that's it to make sure that everybody understands that, yes, obviously this is not something that, you know, it is not a service to, you know, have laughs and blah, blah, blah. But it is a service to be proud of, and it's not a service to be hiding in a corner and it's not a service to, you know, hush, hush about it. I don't know, I think, I think there's still a lot of things to do. It still shocks me to, to go to some hospitals and, you know, you get your map and your directory of, you know, your floors and you know, where, where's your different offices and your different teams. And there's plenty of hospitals that right now there is no, no, no map or no, you know, you, you can't find the bereavement office, or you can't find the mortuary because we don't talk about this. So, and that is really a shame, I think. I think…

**LI:** Yeah.

**MG:** …that this is still, you know, there's still things, a lot of things to, to, to do about it really.

**LI:** It's about raising awareness once again, feels like, yeah. It's been really fascinating talking to you and listen to you. And I feel like we could have kept, kept going for ages because I think what you're doing is so interesting. Thank you so much for, for joining us and sharing the work that you're doing and, and keep innovating, don't, don't stop.

**MG**: No.

**LI:** Keep shining your light.

**MG:** Thank you. I will try, I will try.

**LI:** Thanks so much.

**LI:** Many thanks for joining us on this podcast to hear about the work of Meri and her colleagues. And if you would like to listen to other podcasts by the NHS Education for Scotland Bereavement Education Team, please search for ‘Talking About Bereavement’ on any of the usual podcast platforms. See you next time, thank you, bye bye.

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