

# Understanding grief and managing recovery response to tragedy and pressure on the front lines of health care

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### James Perrigo (1788-1853)

Fils de James Perrigo et Anne Graham, il fut marié à Louise Valiquette (Montréal – 1813) et à Maria Baker (Lachine – 1828). Il eut 3 enfants de chaque mariage et compte des descendants jusqu'à aujourd'hui.

Né à Burlington, Vermont, il viendra rejoindre sa mère devenu veuve et remariée à Montréal vers 1805. Vers 1810, il est un jeune entrepreneur-propriétaire de traversiers à Caughnawaga (Kahnawake). En 1812, il joint comme milicien volontaire les troupes de la Couronne lors du conflit de 1812 en tant qu'officier à la tête d'un groupe d'Amérindiens sous les ordres du colonel De Salaberry. Vers 1825, se prévalant de certaines notions de médecine acquises auprès d'un médecin de Burlington pendant son adolescence, il devient le Dr Perrigo mais sans diplôme pour justifier ce titre. En 1838, il devient un des chefs patriotes de Sainte-Martine lors de la rébellions de 1838. C'est lors de son séjour en prison que le notaire Girouard réalisa ses fameux portraits dont celui de Perrigo.

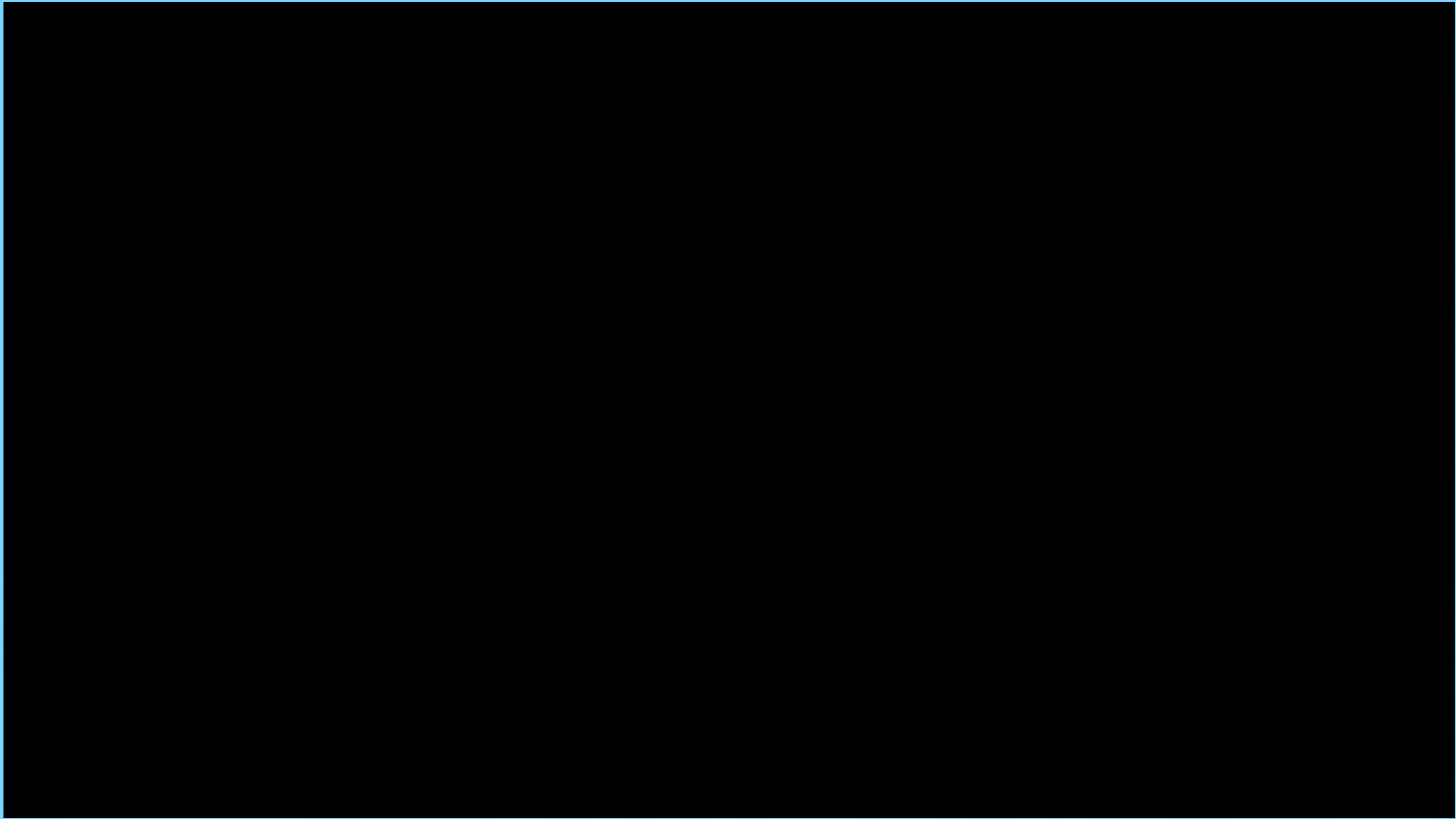
Ayant ainsi acquis une certaine notoriété comme « médecin » et comme chef militaire...il devint le premier maire de Sainte-Martine de 1845 à 1847.

Ce régime municipal fut aboli au bout de 2 ans et Perrigo tira sa révérence de la vie politique. Il exerça la profession de douanier à Côteau-du-Lac jusqu'à son décès en 1853. Voilà ainsi résumé le parcours singulier d'un homme animé par le désir de faire sa marque au gré des circonstances d'une vie peu commune.

Le parc James-Perrigo fut nommé ainsi le 12 septembre 2020 dans le cadre du 175e anniversaire de la Municipalité.











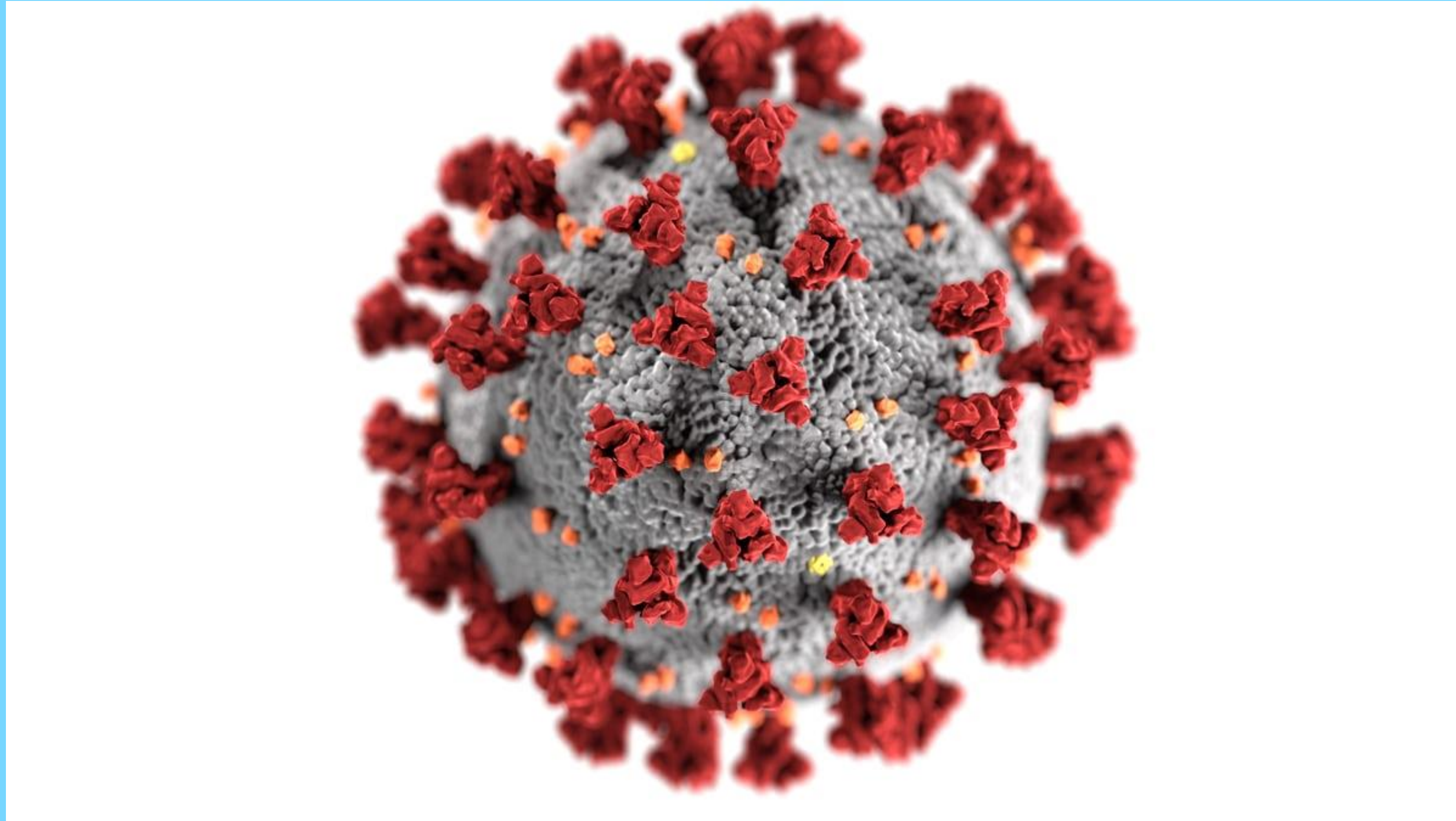




# Health Care Worker Response to Tragedy

- We bring our own trauma, grief and loss
- We may know some of our triggers, not all of them
- We see difficult things that can become intrusive thoughts
- We can suffer from burn-out (depersonalization & exhaustion)
- **But most HCW who last in the field have a natural resilience**

# And then there was COVID





# COVID-19 Complications

- Pre pandemic burnout risks neuroticism, high workload, value incongruence, poor job climate
- The pandemic increased worker stress in every possible way
- Suddenly the things we do to manage patient trauma and grief no longer possible
- Suddenly the things we do to manage our own stress also no longer possible
- Effect of these things led to HCW Fear, Moral Distress, and Burnout



# Research

- 2021 (Cléophat, J, Simone, P, Chiniara, G, et al)
- 2021 (Mongeau-Pérusse, Rizkallah, E. Bruneau J., et al.)
- 2022 (Marcil, M, Cyr, S, Marin, M, et al. )
- 2021 (Binnie, A, Moura, K, Moura, C., et al.
- 2021 (Cyr S., Marcel, M., Marin M., et al)
- 2021 (Plouffe, R., Nazarov, A., Forchuk, C., et al)



# Stress and Infection Control Workers

- Extreme pressure to set protocols, change protocols, “exhausting”
- Same state of confusion, looked to for answers
- Sleepless nights and many tears, faced a lot of hostility
- Having to tell pts they could not see newborn baby bc +ve
- Could not reach public health re: coming to see dying relative
- Had to decide if a patient needs to die alone







# Learnings from Critical Incident Stress Debriefs

## **Traumatic Events Deserve Urgent Response**

- basic needs
- psychological safety
- return to support/comforts

# Learnings (con't)

## **Traumatic events deserve on-going care**

- opportunities to debrief formally and informally
- build opportunities for different narratives
- ability to participate in quality improvements



# References and Acknowledgements

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I also wish to thank patients, families and my colleagues for my never-ending education about grief and loss.

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