

Death In The Police Family

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An officer is in the intensive care unit of a hospital with a gunshot wound to the head and is showing no brain activity. His wife, in tears, is listening to the doctor explain brain death, policies, and decisions that must be made. Though some new friends are with her, she yearns for a family member to be at her side, but her family is on the other side of the country.

An officer is dying after many months of battle with cancer. Her husband is alone in the final moments. His family could not bear the financial burden of continuing to travel a thousand miles for the protracted illness and suffering.

In both cases the people had moved far from home for career or other reasons and were separated from crucial support from their families. Americans experience death very differently than their grandparents did in the first half of the century, and the change has been so rapid that many beliefs and practices no longer fit their experience of death. As a result of this change police agencies and individual officers have more responsibilities when a member of the police family dies.

Changes In Our Death Experience

Cause Of Death

The primary causes of death in the beginning of the century were infectious diseases such as pneumonia, tuberculosis, and typhus. Usually people contracted these diseases suddenly and died quickly. Today, cancer and cardiovascular diseases lead in killing people. These diseases progress slowly and often cause a prolonged death.

When a person dies quickly from a disease, the duration of the crisis for survivors is compressed. The family must grieve and rearrange their lives in the



absence of the deceased. When a person is dying a prolonged death from cancer, the crisis for the family continues for months or years, and the scope is wider. Family members feel the agony of their loved one day after day and go through the ambivalence of wanting the person to live but wanting the suffering to end. They must face mounting bills related to the illness. Time becomes precious as they travel back and forth from home and institution. Often they must work extra to pay bills. They endure extended agony before grieving and learning to live after the death.

Place Of Death

Early in our century four out of five people died at home in the comfortable surroundings of their own bedroom, but now four out of five people die in the strange surroundings of an institution. Earlier people and their families dealt with illness and impending death while they were in familiar surroundings. They could focus their energies on the crisis at hand without being distracted by a foreign institution. When weary, they could rest without violating rules designed for the smooth operation of an institution rather than the comfort of families. Now people suffer the agony of loved one's death while bearing the stress of an alien environment of cold anti-septic halls, rooms, and equipment.

People Present At Death

In the early 1900's most Americans were rural people living in extended families in small towns and villages. Parents, children, brothers, sisters, cousins, aunts, uncles, and grandparents lived near each other and had frequent contact. When the crisis of death arose, family members were ready to share the burden and were at the bedsides of relatives when they died. Today families often live thousands of miles apart in urban areas. The people present at the time of death are seldom extended family members. Immediate family members might be present, but professional nurses or doctors are always present. Instead of family members being assembled, ready to deal with all contingencies of death, they must rush together for the few days of the funeral before returning to their normal routines. People are harried during these brief, busy days, and almost no one receives comfort or strength. A few immediate family members are left with the task of handling legal and practical matters in the aftermath of the death when other members must return to home.



Delay Of Death

Medical technology allows us to extend our lives, postpone our deaths, and change the nature of how we die. We have given authority for death and dying to

doctors, and they have accepted it. We view death as a medical issue and have lost sight of its ethical and spiritual nature. A dying person and the immediate family are left alone with their doctor to make ultimate decisions about pain and death itself.

Medical doctors are experts in applying medications and surgical techniques, but doctors are not experts in all issues of life. They are expert technicians of the human body, but they are not sages, gurus, or demigods with answers for meaning and life. We need to understand whether doctors are saving a life or prolonging a death. Two key phrases in the Geneva Declaration of the Hippocratic Oath are:

"The health of my patient will be my first consideration," and

"I will maintain the utmost respect for human life from the time of conception."

The medical profession seems to interpret these sentences as:

"I will go to any length to keep a person alive at all times and in all circumstances."

Regardless of personal beliefs, no family or family member should have to face such issues alone in the cold surroundings of a hospital. Professional expertise is not an adequate substitute for personal, close, caring, and continuing support from extended family and friends. Expertise that defines life by the mechanics of bodily functions only without considering quality of life and spiritual issues will always be lacking.

Responses Of The Police Family

The changes in how Americans experience death strongly impact the responsibilities that police agencies have for their employees. The changes have occurred more quickly than our traditions and conventional wisdom. We can't depend on the ill defined, conflicting, and often inadequate responses and support of our communities. Police agencies must recognize the situation and develop clear, open, and well defined responses for the deaths of its members.

Police Family

The idea of a police family is a response to our mobile society and the loss of extended families. Police employees and spouses are often separated from their families and alienated from their community. A family support group is crucial to a person, and the police family fills the void by becoming a surrogate family. The police family consists of the agency, police employees, retired employees, immediate family members, and employee organizations. A death in the police family includes immediate family members and is not limited to employees. An agency needs to recognize and use the resources of the total police family when it develops policies concerning death.

Responses

Police Chaplain

Many police agencies have police chaplains whose duties include working with police families when a death occurs. There are two separate chaplain programs in different agencies in the nation using the same name, Police Chaplain. They need to be distinguished. In one program, the chaplain is responsible for the police family and is almost identical to a military chaplain. The chaplain in this program should have the title, Police Chaplain. In the other program, the chaplain ministers to citizens in cooperation with the police. The chaplain in this program should have the title, Police Community Chaplain. The Police Chaplain is an excellent and necessary response by police agencies to meet the needs of the police family. However, the chaplain is only part of the solution to the problems brought about by the changes in our death experience. The entire police family needs to be involved just as the entire extended family was involved earlier in the century.

Family Assistance Officer

A new program in the nation is the Family Assistance Officer which takes care of practical and personal needs in times of death and other crises. The Police Chaplain and the Family Assistance Officer must work closely with each other and often overlap. However, the two positions are distinct. The Chaplain is primarily concerned with the spiritual, emotional, and mental needs of the police family. The Family Assistance Officer is primarily concerned with practical matters when meeting the personal needs of family members. While the Chaplain is counseling with family members, the Family Assistance Officer is making sure that the right forms are filled out and all revenue sources are secured.

Continuing Contacts

Supervisors, coworkers, and family members need to provide continuing support when someone is dying from a prolonged illness and when someone dies suddenly such as being killed

in the line of duty. The need for prolonged contacts is obvious when someone is in the hospital for a debilitating disease such as leukemia. The police family is often the surrogate family who needs to provide on-going comfort and support. But why the need for protracted contacts when someone dies suddenly.

The grief process involves much more than mourning and takes longer for any death than most people realize. The initial phases of the process take at least a year before survivors begin to feel like they are getting on with their lives. In a sense the process never ends, but there are five distinguishable time periods in process. Agencies can use these time frames in planning their overall responses.

1. **The first days** before the funeral are hectic, and the survivors are still in shock. They simply need the support and presence of loved ones and friends who care and empathize. They are not ready for counseling or instructions.
2. **Two to four weeks** after the funeral the initial shock has worn off and survivors are deep into the emotional aspects of the grief process. However, life is unrelenting, and there are practical and legal matters to which they must attend. The death certificates are completed, and they need help with the myriad forms and procedures with which they must contend. They are ready to deal with the torrent of emotions and memories in them, but they must start the pragmatic business of getting on with their lives. Any chore that family and friends can do for them is important and appreciated.
3. **Three months** after the funeral the deluge of emotions and memories begin to abate noticeably. Survivors start realizing that they can go an entire day, without being gripped by memories and attendant emotions.
4. **Six months** after the funeral survivors are able to go for extended periods of time without experiencing painful memories or symptoms of grief. Painful memories stop ruling the days.
5. **One to two years** after the funeral survivors feel like they are progressing beyond the death and can view the experience as a past event, a memory. They can remember the deceased and the death without reliving the emotions. The process



doesn't end here but does become much harder to predict and describe since people vary greatly in their exact process.

There are at several reasons for the contacts. One reason is simply to provide support as members of the police family. Another reason is to monitor the emotional progress of close survivors. If a family member is not going through the grief process in a healthy way, the police family can be active in assisting them. Another reason for the continuing contacts is to make sure that the family members have received all reasonable assistance from the police agency. The agency should handle all paperwork and procedures for getting benefits which are available from the agency such as retirement, insurance, and unpaid compensation. The family should not have to contact someone in the personnel office to find out what to do. An employee of the agency should have the responsibility to actively do everything for the family and keep them informed. The agency should also assist the family with other matters such as social security and insurance claims.

Supervisors should visit briefly with the family in the first few days and attend the funeral just as a friend would. After two weeks supervisors should make several contacts to insure that the surviving family is getting all reasonable help. Before the end of three months supervisors should contact the survivors closest to the deceased a couple of times. At least a few more contacts should be made during the remainder of the first year.

Coworkers should also visit with the family in the first few days and attend the funeral. Close coworkers who were truly friends could spend longer times visiting, grieving, and providing support. After two weeks when the pragmatic grind begins these friends become invaluable. They can assist with all the tedious tasks and provide helpful information. Survivors are dealing with grief and don't think of all the questions to ask or understand all the information given when talking with personnel officers or pay clerks. In the more relaxed environment of their home while talking with friends questions arise that a coworker can answer and ideas for action occur that friends can carry out. Coworkers need to remember to make contacts up to three months, tapering off in the ensuing months. Coworkers who are friends should make regular contacts in the beginning tapering off during the next two years. Survivors should not feel like they have been forgotten by the family who is so important to them.

Family members of coworkers should visit in a pattern similar to coworkers. The frequency and duration of contacts will vary depending on the closeness of the relationship. Strong ties between family members often develop through activities such as spouse support groups. No family members should ever underestimate the importance of sensitive and caring contacts.

Specific Suggestions

The suggestions given here are for deaths in the police family in general and not specific deaths such as an officer killed in the line of duty.

All police agencies should have a Police Chaplain whose duties are to minister to police employees and immediate family. Agencies of medium size and larger should have a full-time Police Chaplain.

Large agencies should have a Family Assistance Officer. All agencies should have policies assigning responsibility to assist survivors. The responsibility may be assigned to the same person repeatedly or different people may be assigned for different deaths. The main point is that the agency has a responsibility to be active in caring for the police family in times of crisis.

All agencies should appoint a command officer to be part of the assistance rendered in any specific case. Usually this command officer would be a captain or lieutenant in the chain of command of the affected employee.

Some people are afraid to contact survivors because they don't know what to say or do. The contact is what is important—not the content of the contact. You are not under any obligation to provide the wisdom of Solomon or the solace of Mother Theresa. Simply contact the survivors. All contacts are appropriate, helpful, and appreciated by survivors. Contacts can be personal visits, telephone calls, letters, notes, and cards. Don't worry about whether you should contact the family—just do it.

Police employee organizations should have plans for helping during the hectic days between a death and the funeral. The plans include financial help and assistance with the accommodations for family members coming to town for the funeral. Who knows the town better than the police employees? That knowledge can be invaluable to family members who are not native to the area.

Spouse support groups can help with meals during the hectic days before the funeral. If there is not an organized spouse group, then the employee organization can lead. Efforts to provide meals should be coordinated with other groups such as churches and fraternal organizations who might be providing similar help. The support group should contact the family and find out what time would be the most helpful and convenient to bring food.

Remember that we are considering a time of crisis for members of the police family. Administrators, employees, and family members need to actively cooperate and coordinate. No one should make policies or plans independently, nor should anyone wait for others to provide all needed assistance. Administrators, employees, and family members should need to coordinate and plan their responses for grieving family members who need the total support of their surrogate family.

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