Palliative Care in the COVID-19 Pandemic
Briefing Note
Grief and Bereavement for Family Members who Can't Visit their Sick Relatives or Attend Funeral Services

Issue

Covid-19 has interrupted the process of grieving as a social and cultural model due to forced separation from dying loved ones at the end of life and the inability to attend funerals.

Background

As difficult as it is for family members to face their loved one's last hours and days, being present with the dying person can be a central component of separating and bidding farewell in many cultures (Hoy, 2013). Although conceptualization of death differs between and within cultures, societies and families, research confirms the therapeutic value of attending to the dying and culturally specific disposal of the dead through funerals, burial rites, rituals and memorial gatherings in most cultures (Walter, 2010). The opportunity to attend the funeral after a loved one's death usually helps one face the reality of the loss, particularly when the bereaved has not been present during the dying process. This ritual enables the deceased to offer and receive support from others and acknowledges the significance of the deceased's life in the community as well as in the family. As cultures are dynamic and constantly evolve, so are funeral and bereavement rituals (Hoy, 2013). The current health crisis encourages us to draw upon existing alternative forms of mourning that have indicated positive outcomes.

Current Status

- Family members unable to be at the bedside of their loved one are struggling with extreme sadness, guilt, and a sense of failure knowing the dying individual is alone.
- Grief will likely be more complex and potentially more traumatic when loved ones are dying without the presence of friends and family at the bedside.
- Health workers and care staff are making great efforts to stand as proxy family members and most of these are ill-trained to deal with the spiritual, emotional and communication needs required of being with the dying.
- Delays in receiving updated information on the condition of loved ones due to pressure on the health staff are resulting in public resentment, frustration and anger with the health system.

Key Facts

- Disbelief or difficulty in accepting a loved one's death is greater when people are unable to be physically present either at time of death or at a funeral service after the death.

- Individuals may feel guilt and remorse about unwittingly infecting the deceased if they were a health worker or a family member who had been unwell.

- Family members are left in a liminal state, having been informed of the death, until they are advised of the decision regarding disposal of the body of their loved one.

- Mass graves as seen in New York City, for example, will produce extra bereavement reactions and concerns.

- The lack of compassionate physical touch around the time of death, as well as afterward, creates additional loss for the bereaved.

- Social networks are crucial in managing bereavement where deep connections can form and grow and continue to bind us together.

- Grief will be more complicated when family members and significant others grieve without their usual support network and traditional rituals surrounding the death.

Options

- Whenever possible, the use of phone calls, messages and video links via health workers should be used in hospitals. This helps the bereaved feel they did all they could in the circumstances. Tech support and in-hospital communications devices should be available for family use.
- However, COVID-19 deaths often preclude the end-of-life conversations that can be so significant to patients and survivors, and this combined with the separations often preceding the hospitalization or even death at home, set the stage for traumatic bereavement, and this will be challenging for providers who work with the survivors of COVID-19 deaths.
- Whenever possible bereaved individuals should be encouraged to participate in individual and group support services. This enables them to maintain a connection to the deceased.

Recommendations to UN member states and civil society organizations

- Facilitate communication between patient and family members during the dying process whenever and as far as possible.

- Encourage families to work with funeral agencies to use virtual options and social media to foster maximum possible social support for families (Nansen, Kohn, van Ryan, & Gibbs, 2017).

- Ensure that bereaved persons can access social networks through whatever means possible in the current circumstances.

- Provide a resource list of bereavement counselors for bereaved families for support, education and information about expected course of grief.

- Provide bereaved individuals with opportunities to feel safe to express their concerns, questions, and feelings about their loss (Worden, 2018).

- Ensure bereavement support (online initially) is as widely available as possible by experienced practitioners.

References

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