

## GUIDANCE FOR THE MANAGEMENT OF DEATH OF COVID-19 PATIENTS IN ISOLATION



### FOR HEALTHCARE PROFESSIONALS

As healthcare professionals, we are accustomed to deal with stressful situations. Sometimes we have to accept fatal or traumatic outcomes and be the givers of bad news. However, in most cases, this is not our main task and being able to focus on our more technical healthcare duties allows us to perform it more successfully.

The current pandemic exposes us to a highly stressful work environment in which the number of cases and percentage of deaths seems unstoppable and all curative efforts seem insignificant. A situation causing great suffering in this crisis is the death of patients in isolation (dying alone) without any contact with their families or reference close ones, and unable to say goodbye or find support in the more critical phase of their lives. In view of this dramatic situation and the high emotional suffering, healthcare teams are organizing themselves trying to personally accompany the patient and/or exceptionally find communication routes to try to relieve the pain of the hospitalized person and their families. However, this excess effort creates additional emotional stress to health professionals, which may be difficult to self-manage.

Addressing this problem and find a way to ease the grief of close ones while protecting the professionals from this exposure, which may be emotionally devastating, is a complex issue.

Some hospitals with their own Mental Health units have started to provide support activities to the various medical services to help ease emotionally the process of saying goodbye between patients and their families, and offer psychological support to the professionals who inevitably are part of it and are helplessly living these dramatic situations.

In centres at which there are no mental health specialists to help hold the previously described circumstances, we have prepared a series of tools for professionals not accustomed to the management of emotional/grief in crisis:

- A. Emotional support guidelines in times of crisis
- B. Plan a way for the family to make contact and say goodbye
- C. Support material for the loved ones

#### ***A. Emotional support guidelines in times of crisis***

Ensure some intimacy and dignified privacy

1. Use simple courtesies that facilitate interpersonal encounters
2. Facilitate emotional expression, allow crying
3. Do not be afraid to clearly answer any questions they ask
4. Learn how to be silent and hold pain
5. Give unconditional acceptance without making value judgments
6. Ensure confidentiality

#### ***B. Plan a way for the family to make contact and say goodbye***

To be able to do this, first you will have to identify one or several members of the regular medical team who will take over the responsibility of informing and accompany family members.

Organic complications of patients infected with the COVID-19 progress rapidly and there is limited time to achieve our goal. Thus, there must be constant contact with the medical team, have updated information on the number of critical cases, clinical characteristics of the patients, and

estimated time of survival. Based on this information, cases will be identified and priority given considering the seriousness of their clinical condition.

Once the family members receive the clinical information and become aware of the seriousness and prognosis of their loved one, the professional in charge of the emotional intervention will contact them, whenever possible face-to-face and under the appropriate conditions; otherwise, it should be done by phone. During this first contact, the professional will introduce him/herself as being part of the medical team and offer the possibility of acting as an emotional intermediary to pass a message or information to the patient, ensuring its reception as well as strict confidentiality.

We suggest different communication routes:

- If family members are in the hospital. As there is limited time, you can use a voice recorder, tablet, mobile phone or a similar device to produce a message the patient can listen to. Once the message has been prepared, the professional will make sure the patient receives it and will later confirm this to the family.
- The use of a device for a video call may be a possibility in patients who are isolated but in a less serious condition. However, in pre-death periods patient's clinical condition makes it difficult for him/her to give a feedback and images may be invasive from a technical perspective and could be difficult to manage by family members.
- Another possibility, a decision to be made by the family, is to prepare a goodbye letter. This may be suggested as an alternative to a voice recording and the necessary material offered. Expression skills and the relationship with the sick person differ from person to person. Thus, in certain scenarios writing a letter is a possibility to say goodbye with less emotional involvement. The professional in charge will collect the letter, ensuring that it will be read to the patient and confirm this once it is done.
- If family members are not in the hospital. Similarly, once the family members receive medical information on the condition of the patient, they will be contacted by phone. The family will be offered the possibility of sending a goodbye audio message or a letter - as they choose - to an email specifically created for that purpose. In the subject of the email, the name of the patient should be clearly written. The professional in charge will ensure confidentiality regarding the information included in the message and its reception by the patient. Finally, the healthcare professional will contact family members again by phone to confirm the message has been delivered.

Most probably the family will ask if there is any chance they can go into the patient's room or otherwise if some healthcare professional may have direct contact with him/her. It is important to explain to the family, probably more than once, what is possible and what, unfortunately, is not in these harsh times.

This is an activity that implies high emotional load for which, we insist on this, the professional must get prepared. Replacements should be considered, as well as different shifts during the workday. Similarly, all necessary protection measures should be available for use when approaching the patient.

### ***C. Support material for the loved ones***

Bearing in mind the significant emotional impact that families of COVID-19 infected patients are suffering, facing the impossibility of having direct contact with them, the high uncertainty regarding their progression, and the inexistence of a traditional goodbye ritual, it is possible that, despite offering the previously mentioned communication routes, they will not be able to prepare a goodbye. The situation of acute stress may lead to high distress or emotional blockage and prevent maintaining the usual cognitive and emotional performance. This may later cause feelings of guilt and incapacity, complicating even more, if possible, an already complex grief.

For this type of difficulties, a preformed text may be of great help, as it allows connecting key points to create a brief relationship and closure story. It should serve as inspiration and guide in

such a fragile scenario, and allow creating a message that will help the patient as well as the family members.

The following design may be used:

*Could you please begin by introducing yourself? Who are you?*

*Which is your relationship with the patient?*

*Tell us something about her/him? Where is she/he from? Tell us about her/his family? His/her profession.*

*What does she/he like to do the most?*

*What can you say about her/his personality?*

*Which are the best memories you have of the time you have shared?*

*Is there anything important you would like to say to her/him?*

*Leave her/him a last message, something she/he can keep forever. We will make sure she/he gets it with maximum respect and affection.*

### **SUPPORT AIMED FOR THE YOUNGER ONES**

Children are particularly vulnerable when they lose a loved one.

It is quite common to try to “protect” children from death by hiding information and not addressing the issue with them. However, rather than avoiding them the pain of this life event, universal and inevitable, there is the risk of increasing their suffering by preventing them from saying goodbye.

Although, this is emotionally a very painful experience, it is better to accompany them, facilitating emotional expression to help them face this reality the best possible way.

In the next page, you will find some useful material for children in this situation.

**PAPER CHAIN OF MEMORIES AND SPECIAL MOMENTS**

My name is:

I am his/her (relationship with the sick person):

Ask an adult for help and write a special memory or something you like to do with that family member in each of the strips. You can also make a drawing with the two of you together or even glue a photograph. Draw and decorate the strips as much as you want.

In the last strip, write a message you would like your family member to carry in his/her heart.

Then, cut the strips and join them together with glue or tape.

Make the longest possible paper chain! We will make sure to put it up so your family member can see it.