

The Death and Dying Process during COVID-19

Unfortunately I have experienced first hand how COVID-19 has changed the death and dying process from a family perspective. In April, my mother was rushed to the hospital because of a heart attack and she took her last breaths in a hospital bed in the Bayhealth's ICU. Because of COVID-19, my family and I were not able to visit her in the days leading up to her death. This made the whole process so much more distressing considering not being able to be by her side during her last days and not being able to have a traditional funeral and gathering due to the restrictions with these services due to social distancing and capacity requirements. As for the patient's experience, which in this case would be my mother, I cannot imagine having to go through the last couple of days without being accompanied by loved ones. Being in the hospital and being hooked up to a whole bunch of machines can already be uncomfortable and maybe even scary to some patients so having the support system of family and friends being taken away from them could cause them to have more anxiety from feeling worried or even lonely.

The healthcare providers that deal with these cases day in and day out have so much more on their plate during these unprecedented times. They have to ensure to give optimal care to these patients until their last breath, along with providing the family with all the information they need on the condition of the patient and the end of life plans. The healthcare staff are the eyes and ears for the patients family at home since the family cannot come in and visit. Dealing with all of this can be very overwhelming for anyone. As nurses, they are told to not get emotionally involved with each patient in order to save the despair if their patient does die. Being around death all day, this concept can be hard to follow. Nurses are still human and when dealing with

the grieving families and terminally ill patients majority of the time, their mental health can also be greatly impacted. When being a healthcare employee during these times, they may also have to be put in situations when they have to make certain end of life decisions that may go against their moral or ethical beliefs. Which patient is in a more favorable position to get the last ventilator? How is one patient more deserving of the last ventilator than the next? When is it time to give up and start planning for end of life care? Another thing to consider for these nurses is the fact that they are in the hospital exposed to COVID-19 positive patients so they are told to quarantine when they are not working. This can also negatively affect their emotional health as they are not having that outlet of seeing their friends and family on their off days.

Since these nurses and other healthcare staff may be experiencing or at risk for a decline in their mental health, it is important that they have people to talk too about how they are feeling. They could turn to another coworker who is experiencing the same thing as them or even a family member or friend. Just having someone to talk to about their emotions could make a huge difference in their mental health. The nurses and healthcare staff should also take advantage of any mental health resources available in the community. Considering being quarantined and having to social distance, these resources may be a little different than normal. Instead of in person support groups there may be online support groups that meet on electronic bases whether it being group chats or video chats with people that are going through the same thing or with therapist like personnel that can be a listening ear to all the overwhelming emotions and feelings.

Although these mental health resources can greatly help a healthcare staff's mental wellness during these unique times, it may not stop the long term effects of COVID-19 on those who had experienced a great amount of death and dying in this timeframe. As a healthcare employee, being around death so much, having to make certain end of life decisions for some

patients and having to deliver this type of news to so many different families, one can go numb to death as a defense mechanism from how overwhelming it can be. Another outcome that the healthcare staff could have from being around death and being that link between the family and patient is they could gain a lot more compassion. These nurses and healthcare staff are seeing first hand how difficult these times are for the grieving families of a lost loved one that they were not able to spend their last days with. It may also cause the family to be more empathetic towards others , especially those who have experienced similar situations.

The major thing to pay attention to and take from how COVID-19 has affected the process of death and dying is how important mental health is for anyone during these times. We are all experiencing these drastic changes over a short period of time and mental health can be looked over. It is important to recognize when you or someone else is getting overwhelmed whether it being the grieving families, healthcare personnel, or someone isolated in their house from quarantining. Death and dying can already be a hard topic for people to deal with, COVID-19 and its restriction can make this a lot worse for many people. This is why it is important to reach out, take advantage of any mental health resources, attend group therapy zoom meetings, have someone to talk to about all your emotions and feelings during these times, and most importantly, set time aside for self care whether this is going for a jog every morning or meditating every night.

Research Resources

- Wallace, C. L., PhD, Wladkowski, S. P., PhD, Gibson, A., PhD, & White, P., MD. (2020). Grief During the COVID-19 Pandemic: Considerations for Palliative Care Providers. *Journal of Pain and Symptom Management*, 60(1), 70-76.
- Yardley, S., & Rolph, M. (2020). Death and dying during the pandemic. *Thebmj*, 1-2.