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COVID-19 bereavement coping strategies for Family members who experience conflicts and ethical dilemmas

Estrategias de afrontamiento del duelo de COVID-19 para miembros de la familia

Estratégias de enfrentamento ao luto por COVID-19 para familiares que vivenciam conflitos e dilemas éticos

ABSTRACT

Introduction: The mourning is individual and singular, it develops according to the mourner's characteristics and circumstances of death. **Objective:** The objective was to present strategies for coping with bereavement without goodbyes for the family members in the face of conflicts and ethical dilemmas experienced in the loss of the being by COVID-19. **Method:** Narrative literature review study. The Bireme, Lilacs and Scielo databases and official documents were searched. Ten articles were selected. **Results:** We proceeded to establish strategies for coping with grief without goodbyes experienced by the family member in the loss of their loved one by COVID-19. The family member experiences conflicts and ethical dilemmas in the face of despair and frustration at being unable to part and as coping strategies, dialogue; care and respect for the principles of bioethics. **Conclusion:** This moment makes it possible to (re) think the experience of wakes at a distance that can cause changes in the care, empowerment, compassion and humanization of the people involved.

DESCRIPTORS: Ethics. Mourning. Family. Pandemics. Coronavirus.

RESUMEN

Introducción: El duelo es individual y singular, se desarrolla según las características del doliente y las circunstancias de la muerte. **Objetivo:** El objetivo era presentar estrategias de afrontamiento del duelo sin despedidas de los familiares ante los conflictos y dilemas éticos vividos en la pérdida del ser querido por COVID-19. **Método:** Estudio de revisión de literatura narrativa. Se realizaron búsquedas en las bases de datos y documentos oficiales de Bireme, Lilacs y Scielo. Se seleccionaron diez artículos. **Resultados:** Se procedió a establecer estrategias para afrontar el duelo sin despedidas vividas por el familiar en la pérdida de su ser querido por COVID-19. El familiar vive conflictos y dilemas éticos ante la desesperación y frustración por no poder separarse y como estrategias de afrontamiento, el diálogo; cuidado y respeto por los principios de la bioética. **Conclusión:** Este momento hace posible (re) pensar la experiencia de los despertares a distancia que pueden provocar cambios en el cuidado, empoderamiento, compasión y humanización de las personas involucradas.

DESCRIPTORES: Ética. Luto. Familia. Pandemias. Coronavirus

RESUMO

Introdução: O luto é individual e singular, desenvolve conforme características do enlutado e circunstâncias da morte. **Objetivo:** Apresentar estratégias de enfrentamento ao luto sem despedidas para o familiares frente aos conflitos e dilemas éticos vivenciados na perda do ente por COVID-19. **Método:** Estudo de revisão narrativa da literatura. Realizou-se busca nas bases de dados Bireme, Lilacs e Scielo e em documentos oficiais. Foram selecionados dez artigos. **Resultados:** Procedeu-se ao estabelecimento de estratégias de enfrentamento ao luto sem despedidas vivenciados pelo familiar na perda de seu ente por COVID-19. O familiar vivencia conflitos e dilemas éticos frente ao desespero e frustração por estar impossibilitado da despedida e como estratégias de enfrentamento, diálogo; cuidado e respeito aos princípios da bioética. **Conclusão:** Esse momento possibilita (re) pensar a experiência de velórios com distanciamento que pode ocasionar transformações no cuidado, empoderamento, compaixão e humanização das pessoas envolvidas.

DESCRITORES: Ética. Luto. Família. Pandemias. Coronavirus.

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Thais Moreira Peixoto

Nurse. Master in Public Health. Professor at the State University of Feira de Santana.
ORCID: 0000-0001-5395-0905

Maria Lucia Silva Servo

Nurse. PhD in Nursing. Full Professor. State University of Feira de Santana, Bahia, Brazil.
ORCID: 0000-0003-4809-3819

Elaine Guedes Fontoura

Nurse. PhD in Nursing. Full Professor. State University of Feira de Santana.
ORCID: 0000-0001-7423-0464

Marluce Alves Nunes Oliveira

Nurse. PhD in Nursing. Full Professor. State University of Feira de Santana.
ORCID: 0000-0002-9109-0106

Maira Moreira Peixoto Coelho

Pharmaceutical. Specialist in Public Health. Professor at the State University of Feira de Santana.
ORCID: 0000-0003-3055-5747

Juliana Nascimento Andrade

Biologist. PhD in Biotechnology. Professor at the State University of Feira de Santana.
ORCID: 0000-0002-3158-2475

INTRODUCTION

The illness caused by the new coronavirus (COVID-19) is a serious worldwide public health problem, which causes a health, social, epidemiological, economic and emotional crisis. The family member is removed from the right to accompany his or her loved one in health institutions, under strict health recommendations at funerals and burials. The distance in the funerary rituals, make it difficult to accept death causing repercussions in mourning, that is, when we lose someone or something significant in our life.¹

Worldwide, the COVID-19 pandemic, transmitted by Sars-CoV-2, has been spreading devastatingly, causing impacts on society, related to the high transmissibility of the virus and high mortality rates. COVID-19 became known in the world from the first reported cases of a province in China, on December 31st, 2019, being declared a pandemic by the WHO in March 2020, with high mortality.

The scenario caused by the pandemic, mainly with an increase in deaths due to COVID-19, caused the health authorities to institute changes in the formats of funerals and burials. On March 25th, 2020, the

Ministry of Health (MH) published the body management guide that reverberates the process of mourning without parting and suffering the family member.³ This protocol recommends that the confirmed or suspected deceased of COVID-19 can be buried or cremated, however the wake cannot take place in a closed environment, maximum of 10 people, minimum distance of two meters, breathing tag and use of masks³ and that the presence of people belonging to risk groups (elderly, pregnant women, people with chronic diseases and immunosuppressed people) is avoided.² The coffin must remain closed to avoid contamination among family members.²

These changes generated losses in the farewell rituals. Conflicts and ethical dilemmas emerge in family members and health professionals with regard to grief and the performance of burial without farewells, in addition to the situations they experience in the struggle for the lives of people with COVID-19.

Ethical conflict occurs in the face of a situation in which the family member and the professionals have different opinions.

When the family member chooses to watch over the body/wishes to say goodbye to their loved one and it is not possible to do

it, which differs from health professionals who follow the protocol of the MH, and there is a need to choose between the two situations that can be conflicting.⁴

The ethical dilemma emerges from a situation whose decision needs to be taken, regardless of the result, even if it is not what is expected.⁴ It happens at a time when health professionals are sensitive about the importance for the family member to watch over their deceased, but recognizes the need for the MH protocol, to ensure the necessary distance and avoid the spread of COVID-19.

Ethical conflicts and dilemmas arise from human actions that go against the principles, norms or rules of behavior of a community/society. In the decision, people are faced with desirable options or not, which can cause doubt and discomfort, especially when the decision is made and the solution found can lead to new conflicting situations.⁵

In this context, in which the process of dying in the pandemic of COVID-19 is experienced, with regard to the death and grief of the family member, health professionals are expected to practice practices based on bioethical principles, which help in care at the end of life, and comes

to show a way of practical application of ethics so that the principles of autonomy, self-determination, beneficence, non-maleficence, harm, and justice guaranteeing freedom and equity are guaranteed.⁶

In the context of mourning, it is urgent that support and emotional support strategies be considered, thus, the aim of this study is to present strategies for coping with mourning without goodbyes for the family member in the face of conflicts and ethical dilemmas experienced in the loss of their being by COVID-19.

METHOD

Narrative review study that consists of studies on a given topic from a theoretical point of view through literature published in different means of scientific dissemination. The guiding question of the study is: what are the coping strategies for bereavement without goodbyes for the family member in the face of conflicts and ethical

dilemmas experienced in the loss of a loved one by COVID-19?

A systematic selection of articles from the Bireme, Lilacs and Scielo databases was carried out using the keywords “mourning”, “pandemic” and “coronavirus” “ethics” and “family, and gray literature (official documents-MS and WHO) of period from 2015 to 2020. The collection took place in the months of May and June 2020. The inclusion criteria were scientific articles on death by COVID-19, mourning and mourning strategies without goodbyes in the face of conflicts and ethical dilemmas experienced by family members, language in Portuguese, English and Spanish. Articles not available in full and not free were excluded. The articles were evaluated by two reviewers. The initial selection of articles was by title, then by summary and when selected, by complete reading, the results of which enable new reflections and strategies.

The identified meaning cores were: autonomy, beneficence, communication (team,

sick and family), tension, interpersonal relationship, decision making, hope and suffering, empowerment and compassion, dignity and quality of life, chronic grief and outcome. These groups allowed the category to be apprehended: conflicts and ethical dilemmas experienced by family members in the loss of their loved ones by Covid-19 and strategies for coping with grief without goodbyes.

RESULTS

We identified 29 scientific productions. Nineteen were excluded for not addressing the delimited theme, with ten productions remaining, three of which are MS documents and one from WHO (gray literature) and seven scientific articles for full reading in an exhaustive manner, being categorized and analyzed, as shown in Chart 1 below.

DISCUSSION

Conflicts and ethical dilemmas expe-

Chart 1- Publications of gray literature and articles from the Bireme, Lilacs and Scielo databases for the period 2015-2020, according to the year of publication, title, result and source.

ANO DE PUBLICAÇÃO	TÍTULO	RESULTADO	FONTE
2020	Saúde mental e atenção psicossocial na pandemia por covid-19. Processo de luto na covid-19. 2020 ¹	Recomendações sobre as estratégias de cuidados psíquico em situações de pandemia	Ministério da Saúde
2020	Infection Prevention and Control for the safe management of a dead body in the context of COVID-19 ²	Orientação para gerentes de estabelecimentos de saúde e necrotérios, religiosos e autoridades públicas de saúde sobre manejo de corpos de pessoas que morreram de suspeita ou confirmação de Covid-19	OMS
2020	Manejo de corpos no contexto do novo coronavírus COVID-19 ³	Recomendações sobre o manejo de corpos no contexto COVID-19	Ministério da Saúde
2020	Consideraciones éticas y médico-legales sobre limitación de recursos y decisiones clínicas en la pandemia de la COVID-19 ⁹	Recomendações sobre racionamento de recurso: maximizar lucros; priorizar profissionais de saúde; não priorizando o atendimento por ordem de chegada; ser sensível às evidências científicas; reconhecer a participação em pesquisas e aplicar os mesmos princípios a pacientes COVID-19 e a pacientes não COVID-19	Revista Española de Medicina Legal
2020	Conflitos bioéticos nos cuidados de fim de vida ¹¹	Fragilidades no processo de educação e comunicação, e na relação entre equipe, enfermo e familiares.	Rev. Bioética
2020	Discussão bioética sobre o paciente em cuidados de fim de vida ¹⁰	Respeito à autonomia, proteção à dignidade e preservação da qualidade de vida de pacientes e familiares por meio da decisão compartilhada.	Rev. Bioética

2020	COVID-19 e saúde mental: a emergência do cuidado ¹⁴	Pacientes com Covid-19 apresentaram sequelas psicológicas moderadas ou severas (ansiedade, depressão e estresse de moderado a grave); mulheres (maiores de sessenta anos e maior nível educacional) e migrantes foram mais vulneráveis ao estresse, ansiedade, depressão, fobias específicas, evitação, comportamento compulsivo, sintomas físicos e prejuízos no funcionamento social; discriminação e isolamento vivenciados por estudantes chineses.	Estud. psicol. (Campinas)
2018	Aspectos teóricos sobre o processo de luto e a vivência do luto antecipatório ¹²	A perda deve ser elaborado para que não assuma um caráter patológico (luto crônico com duração excessiva e sem desfecho ou superação satisfatória). É preciso vivenciar o processo em todas as fases, para que o enlutado possa ressignificar a vida.	Psicologia.pt- O portal dos psicólogos
2016	Solicitude: balancing compassion and empowerment in a relational ethics of hope: an empirical-ethical study in palliative care ⁸	A esperança e o poder são refletidos na ética de empoderamento e o sofrimento e a perda da esperança na ética de compaixão. Empoderamento e compaixão podem ser equilibrados em solicitude.	Med Health CarePhilos
2015	Conflitos e dilemas éticos vivenciados pelo enfermeiro no cuidado perioperatório	Os geradores de conflitos e dilemas são: divergência de opiniões; dificuldade para chegar a um consenso; ações realizadas sob tensão na unidade; desrespeito à autonomia dos enfermeiros e escassez de recursos.	CiencCuid Saúde

rienced by family members in the loss of their loved ones by Covid-19 and strategies for coping with grief without goodbyes

The COVID-19 pandemic has raised conflicts and ethical dilemmas, such as the equitable allocation of health resources (prioritizing patients and rationing resources). The establishment of priorities is present in health systems and depends on the theory of justice applicable in each society. Resource rationing was necessary and consensus documents were published for decision-making based on fundamental ethical values: maximizing benefits, equal treatment for people, creating social value and prioritizing the most serious situation.⁹

Grief is individual, traumatic, reactions are diverse and the loss of a loved one without a farewell by COVID-19 is difficult and can trigger conflict and the ethical dilemma. The family member experiences mourning, whether or not they express feelings, desires, despair and frustration. Guilt, anger, revolt and disorganization of daily routines arise.¹⁵ This moment provides reflections on the way to (re) think the experience and causes changes in health practices and innovations in the care for life protection and humanization of the people involved. The experience of mourning without goodbyes in social iso-

lation increases the number of complicated mourning.

Grief therapy helps the family to process the pain of loss, to help them perceive death as a natural fact of life and to reframe the world with the absence of the lost being. It is necessary to be aware of the suffering caused by the loss, so that there is no repression of these feelings that can result in chronic mourning and, often, without resolution.¹²

To minimize conflicts and ethical dilemmas, strategies must include effective communication between professionals, patient and family, respect for the autonomy, preferences and desires of the patient, link to dignified, humanized and holistic care⁷⁻⁸, and the training of health professionals in palliative care.

In facing bereavement without farewells, the principles of bioethics must be respected. The principle of autonomy refers to the individual capacity of all people to deliberate and decide freely, that is, to make decisions about the aspects that concern them.⁹ The principle of beneficence refers to the moral obligation to act for the benefit of other people, promoting good and legitimate interests. Autonomy and beneficence are preponderant factors in end-of-life care. The patient is the main actor and needs huma-

nized and dignified assistance. The principle of non-maleficence is not to harm the person and to prevent the possibility of harm. Finally, the principle of justice deals with the obligation of equal treatment.⁹ If these principles are observed, the family member has the right to watch over their loved one.

As strategies to be established to face bereavement without goodbyes, we list:

- Explain that waves of sadness are more common at the beginning of grief and become less intense over time, most manage to adapt and no longer have the person who died and envision a future with the possibility of happiness and meaning.¹⁴
- Strengthening the religious and/or spiritual networks of the deceased and the mourners to face bereavement without goodbyes.
- Develop resilience to face reality and organize the daily routine.¹⁵
- Guide the bereaved to seek help from the psychologist and psychotherapeutic techniques that help to relieve symptoms, help them tolerate the loss, find autonomy, skills and abilities to live the reality (principle of beneficence) and develop plans for the future.¹⁰

- Organize online guestbook for the comfort of family members when reading messages.¹
- Maintain healthy communication in the hospital environment so that the family can assume the preferences and recommendations of the patient when he is no longer in a position to decide for himself.¹¹
- Maintain speed in bureaucratic processes related to burial and attention from the social affective network, avoiding suffering to bereaved family members.
- Set aside time to create a memorial

at home if the funeral is postponed or held in a very short period.

- Look at the photographs of the deceased, light a candle, write a message to him, follow a cultural or spiritual ritual.
- Visit a place that brings memories of comfort and affection, considering biosafety measures.¹

CONCLUSION

The mourning of a loved one without a farewell by COVID-19 for the family member is difficult, traumatic, emerges

conflict and ethical dilemma and provides reflections on how to (re) think the experience and can promote transformations in health practices and innovations in healthcare. protection of life and humanization of the people involved.

Grief needs to be treated with dignity, care and respect. Waits with social distance require care to protect life so that other people are not contaminated. To face bereavement without goodbyes and minimize conflicts and ethical dilemmas, it is necessary to establish strategies that promote effective communication and respect ethical principles. ■

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