

# Coronavirus Disease Brings Death without the Opportunity of Saying Goodbye

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## ABSTRACT

*Coronavirus disease (COVID-19) victims have spread worldwide, and in Japan, 1.5 million people are infected and 16,000 have died from February 2020 until the end of August 2021.*

*The COVID-19 starts from relatively light symptoms such as cold, and then the conditions worsen rapidly in 7 to 10 days, and results in an unexpected sudden death.*

*The major impacts of COVID-19 in the society of the COVID-19 pandemic is the implementation of social distancing strategies and isolation procedures.*

*We cannot provide care and comfort at the end of the patient's life, share grief with bereaved family members, and hold normal funeral ceremonies.*

*The COVID-19 pandemic causes the absurdity of death without the opportunity of saying goodbye, and ambiguous loss occurs, and continues to cause the prolonged grief disorder.*

*Medical personnel make efforts to prevent ambiguous loss and the prolonged grief disorder using cognitive behavioral therapy and digital transformation.*

*We examined the COVID-19 pandemic from the viewpoint of an emergency hospital, and showed the experience and results of COVID-19 patients in our hospital, and reconsidered the essence of grief care and bereavement care of family members who lost their loved ones during the COVID-19 pandemic.*

## Keyword

Coronavirus disease (COVID-19), The absurdity of death, Grief, Ambiguous loss, Prolonged grief disorder.

## Introduction

From February 2020 until the end of August 2021, coronavirus disease (COVID-19) victims have spread worldwide. Globally 220 million people are infected and 4.5 million people have died.

In Japan, 1.5 million people are infected and 16,000 have died, and COVID-19 is still ongoing despite the spread of vaccination.

At the end of August 2021, Japan was still experiencing the fifth wave of the COVID-19 pandemic.

When Japan experienced the first wave of the COVID-19 pandemic in April 2020, our hospital became involved in the hospital cluster, following which we launched a fever outpatient clinic for

community medicine with great care and protection for infection control, and received up to 17 patients of COVID-19 with mild to moderate symptoms.

During the COVID-19 pandemic, patients who die are cremated without family members saying goodbye, and the only time the families can see the patients again is when they pick up the ashes.

During the first wave of the COVID-19 pandemic in March 2020, the Japanese national comedian Ken Shimura, who was born in 1950 and died at 70 years of age, was infected with COVID-19 on March 17.

He was admitted to the hospital on March 20, and the COVID-19 infection was confirmed on March 23. His conditions worsened rapidly and though he was put on a ventilator and treated with extracorporeal membrane oxygenation (ECMO), he died by midnight on March 29. Shimura was single, and died without being able to meet his family members face-to-face during the hospitalization. At the time of death, the remains of Shimura's cremation came back to his elder brother at a later date.

Shimura, who was called the Japanese version of Sir Charles Spencer Chaplin, died quietly, and the bereaved family members and many Japanese people were shocked and deeply mourned his death. COVID-19 death brings death without the opportunity of saying goodbye, which is contrary to the way of death for family members as it should be. We would like to reconsider the essence of grief care through the COVID-19 pandemic and bereavement care of family members during this time of the pandemic when so many have lost their loved ones.

### Experience and results of COVID-19 patients in our hospital

From March 2020 to August 2021, 201 walk-in patients (125 males and 76 females) visited the fever outpatient clinic, and all patients returned and recuperated at home.

The study included 291 patients treated in the hospital, 184 males and 107 females. Among the 291, 239 were discharged, 17 improved and transferred to another hospital, 27 transferred to a special hospital of infection with severe symptoms (Figure 1), and 8 died in the hospital.

Severity	Oxygen saturation (SpO <sub>2</sub> )	Clinical symptoms and exams
Mild	SpO <sub>2</sub> ≥ 96%	cough (+) shortness of breath (-)
Moderate I	93% < SpO <sub>2</sub> < 96%	shortness of breath (+) X-ray • CT image: pneumonia (+) Oxygen administration (-)
Moderate II	SpO <sub>2</sub> ≤ 93%	pneumonia (+) Oxygen administration (+) Oxygen demand ≤ 10 liters per minute
Severe	SpO <sub>2</sub> < 90 %	Oxygen demand > 10 liters per minute Ventilator or ECMO at ICU management

Figure 1: Severity classification of COVID-19.

Citation source: Clinical Management of Patients with COVID-19 (Ver.5.2, 2021)

The patient's distribution by age and sex was summarized in Figure 2, and Figure 3 shows the number of the new inpatients by month and sex. One hundred and fifty patients (51.6%) were given oxygen during hospitalization, and no significant difference was seen in the duration of hospitalization between sex, male 11.9 days versus female 10.1 days.

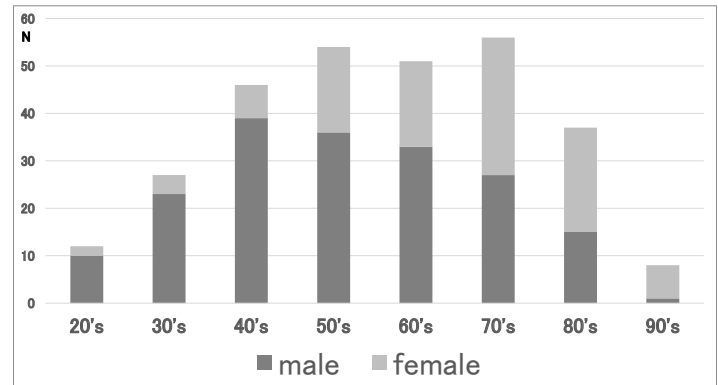


Figure 2: The patient's distribution by age and sex.

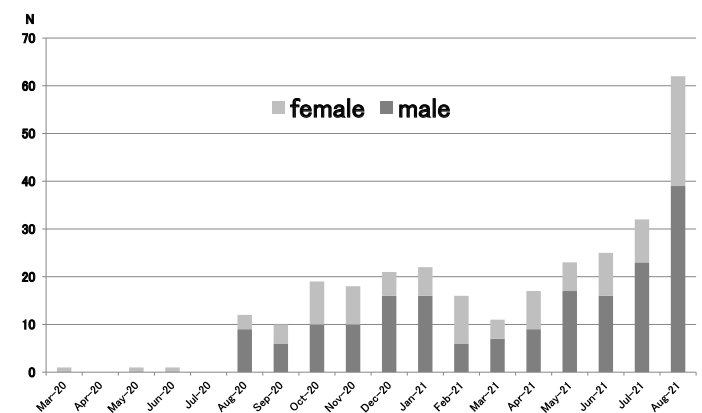


Figure 3: The number of new inpatients by month and sex.

As for 8 patients who died in the hospital, family members met the patients through the window glass and talked with patients by the nurse call. In the case of domestic infection, when all family members living together with the patient test positive for polymerase chain reaction (PCR), family members can visit the patients through the window glass of the hospital room from the passage of the veranda.

Recently, we use the Panasonic baby monitor, which allows us to listen and easily monitor the patient's condition in a room where another handset is located. In any case, face-to-face farewell with family members was not possible until in the last scene.

### Features of COVID-19 death [1]

There is no recognition of death in the case of COVID-19 death.

The COVID-19 starts from relatively light symptoms such as cold, and then the conditions worsen rapidly in 7 to 10 days, and results in an unexpected sudden death.

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As it is acceptable for the elderly to die of pneumonia, it is unexpected that patients in their 40s to 60s die from severe COVID-19, and losing loved ones from COVID-19 tends to cause families traumatic bereavement. The major impacts of COVID-19 in the society of the COVID-19 pandemic are the implementation of social distancing strategies and isolation procedures.

- We cannot provide care and comfort at the end of life: for infection protection, family members cannot say goodbye and touch their patients.
- As restrictions on contact with bereaved family members, friends and relatives result in the inability to share grief with bereaved family members.
- Restrictions on normal ceremonies such as funerals: the place of death and the hope of a funeral cannot be selected, and the connection between people and society and autonomy are clearly impaired especially in elderly facilities and medical institutions.

The loss of coping social resources and the inability to perform normal memorial rituals can easily hinder the post-bereavement adjustment of family members.

### **Ambiguous loss**

Ambiguous loss is defined as the inability to see the bodies and the loss of loved ones is unresolved; thus, makes it difficult to accept the reality of death [2-4].

There are two types of ambiguous loss: Type 1 is “a condition that exists psychologically but not physically (materially),” and type 2 refers to “a situation where family members have become a completely different personality, such as dementia or mental disorders.”

### **COVID-19 causes type 1 ambiguous loss**

To prevent the spread of COVID-19, it is recommended that the patient’s entire body should be sealed in a non-permeable body bag.

Bereaved family members cannot touch their relative’s bodies directly, and there is a limit on the number of people at the funeral wake, farewell ceremony and who can pick up the bones.

In the intensive care unit (ICU) of acute care in the hospitals, unexpected sudden deaths are also regarded as a problem that affects family members [5]. Furthermore, in the COVID-19 pandemic, ambiguous loss of the broad sense is not only due to death. Students who graduate or find employment without regular events, such as graduation ceremonies, school trips, cultural festivals, and presentations, and people who retire without a farewell party will experience ambiguous loss on major life events.

### **Prolonged grief disorder [6]**

It refers to a state in which strong grief reaction seen in the acute phase after death is prolonged than usually expected, and functions, such as social life and person-to-person relations are impaired. And the prolonged psychological distress of bereaved

family members causes physical diseases, such as cancer and heart disease [7]. In addition, it is associated with an increased risk of suicidal behavior and a lower quality of life (QOL) [8].

Death progresses rapidly due to COVID-19 is mostly occurred during period of treatment at a medical institution. The lack of understanding of the diagnosis, and inability to take care of the patients are also related to prolonged grief and traumatic responses of the bereaved family members [9].

Swiss guidelines grant virtual visits when COVID-19 patients are stable. If the patient's condition becomes severe, and if family members and relatives are not at high risk, they encourage short visits of about 15 minutes wearing personal protective equipment (PPE) [10]. In the UK, some facilities allow one member of the family, with no signs and symptoms, to visit their patient wearing proper PPE properly; however, there is no international consensus regarding this [11].

It is also important to provide family members the information regarding the patient’s medical conditions and to have continuous communication from medical personnel [12]. Family members feel a sense of guilt that they cannot protect and prevent the unexpected death and regret patients died alone without taking care of.

Family members feel mental and financial anxiety for loneliness. For example, family members are driven into unemployment due to COVID-19 infection. These factors are likely to be a risk of prolonged grief, increase feelings of guilt and regret; This, making it difficult for bereaved family members to accept the loss of their loved ones.

The grieving process is a loss-oriented coping action that accepts and mourns death, and re-adapt to life without the deceased. Two recovery-oriented coping behaviors are important and it is called dual process model [13]. However, the diagnostic criteria for prolonged grief include the grieving response that persists for more than six months. At present, there are not as many bereaved families that meet the criteria, but the problem of prolonged grief of the COVID-19 pandemic will be a major challenge in the near future.

Reports suggest that the level of prolonged grieving symptoms of bereaved family members due to COVID-19 in the Netherlands is higher than that of survivors of natural death other than COVID-19 [14].

### **Social prejudice**

Anxiety about COVID-19 has caused prejudice, discrimination and slander against affected persons and their families.

In addition to avoiding the infected person and his/her family, medical personnel who treat infected patients and their family members may be discriminated as dangerous or bad extent. The lack of correct understanding is stressful, and bereaved families face issues of stigma and discrimination [15].

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## **Bereaved family care by mental health professionals**

Assuming that bereaved families may have stronger anxiety and fear of COVID-19 than the general public, it is desirable to utilize face-to-face digital care (remote counseling by phone or online) [16].

Interaction of sharing experiences between COVID-19 bereaved families is important, but at present, such a group has not been established. Even in developed countries, the use of technologies such as remote assistance depends on the safety of the device, the understanding of the user, and social and economic conditions [17].

No effective medication has been reported for prolonged grief, and cognitive behavioral therapy focusing on prolonged grief is considered effective [18-20]. It is recommended to discuss end-of-life care in the event of COVID-19 infection in advance [21]. Whether or not to prepare for such death is related to the strength of grief after the death of a loved one [22].

## **Current Japanese situations in the COVID-19 pandemic**

A very famous Japanese non-fiction writer, Kunio Yanagida, has contributed the article on November 2020 issue of *Bungeishunju*, "Corona Death Local Repo (294-305).", and on December 2020 issue, "Corona Ward - Miracles of the Family Care Team (236-253)."

In the reports he has taken up the medical procedures at St. Luke's International Hospital in Tokyo, and St. Marianna University Hospital (Kanagawa Prefecture neighboring Tokyo), and as COVID-19 death brings "death without saying goodbye.", he has emphasized the importance of way of bereavement of the family.

### **St. Luke's International Hospital (Director, T. Fukui)**

On January 22, 2020, a Chinese traveler from Wuhan with suspected COVID-19 was transferred from another hospital where he was first treated. He was the second case of Japanese COVID-19 patients.

On late March 2020, the number of patients hospitalized with COVID-19 increased, and on March 25, eight beds at ICU are dedicated to critical COVID-19 patients.

On April 2020, Fukui purchased 40 tablets. From early April to early May, every day 30 to 40 patients with COVID-19 occupied the hospital beds, and two of them died.

At the end of the day, the families wore PPE and went to the ICU. After death and nursing care, the patient's body was put inside an infection prevention body bag, and for the last time the family saw the body through the transparent plastic, and the coffin was brought to the morgue.

### **St. Marianna University Hospital (Kawasaki City, Kanagawa Prefecture)**

On February 11, 2020, they accepted the tourist ship of Diamond Princes.

On January 1, 2020, it was confirmed that a male passenger in his 80s, who left Yokohama Port on January 20, 2020, and left the ship in Hong Kong on January 25 tested positive for COVID-19. Quarantine officers entered the ship at Naha Port on February 1

and at Yokohama Port on February 3. A total of 712 cases were confirmed as COVID-19 positive on April 15, and at least 14 deaths were confirmed (fatality rate 2.0%). In addition, 9 infections were confirmed from the outside personnel, such as the quarantine officers and ship company doctors.

On April 2020, 44 beds in general wards were used for COVID-19 patients with mild to moderate symptoms. Director Kitagawa established the disaster response headquarters, and Professor Minegishi of respiratory medicine said, "I personally take responsibility for the CT images of all COVID-19 patients."

Therefore, a rapid top-down integration of all departments was built.

The placement of doctors and nurses in COVID-19 patients' wards and ICU was done by a volunteer system, and re-employment of retired nurses who have experience in emergency and ICU has been performed.

The family care team consisted of mediator (chief inspector of transplant medical support office, nurse), one doctor, five nurses, medical social worker have been lunched.

Taking advantage of the iPad, the bedside of patients, the management corner of ICU, and the outdoor online visitation hut for families have been connected to make contact with inpatients.

As Yanagida has emphasized that COVID-19 death brings "death without saying goodbye", he also pointed out that death without saying goodbye and mass death is familiar to us.

For example, more than 18,400 people were killed, of whom hundreds remain still missing by Great East Japan Earthquake in 2011.

One hundred five victims were counted by JR Fukuchiyama Line derailment accident in 2005.

Five hundred twenty victims were counted by Japan Aircraft crash in 1985.

3.5 million officers, soldiers, and civilians were killed during Pacific War (1941-1945).

To stare firmly at each person's death and each part is important.

One death is the disappearance of the earth for the person himself. The death of a loved one is a setback of the life for those who are left behind.

Disaster death, accident death, war death, and COVID-19 death are also deadly weapons that cut the connection between people's lives and those who share life.

We recognize the importance of family power and are explore further remedies for death without saying goodbye in the COVID-19 pandemic, and we realize that the essence of grief care is being questioned again through the COVID-19 pandemic.

## **Conclusion**

The COVID-19 pandemic has begun on February 2020.

In Japan, the arrival of the 100-year life era has been touted, and the Japanese people celebrated 2020 with a heart-burning summer of the Olympic and Paralympic Games, but due to the COVID-19

pandemic, the Tokyo Olympic and Paralympic Games were postponed by one year and it has spent a year and eight months.

At first, COVID-19 was thought to be a mild infection such as cold and influenza, but the Japanese people panicked when they saw the miserable situations in Europe and the United States.

A major factor of this panic is the fact that “death” is close to us, and “The Plague” written by Albert Camus in 1947 has been sold well.

People have forgot the absurdity of death and believe zero-risk faith, because we can eliminate the absurdity of death by Scientism which is a temporary value.

The COVID-19 pandemic causes the absurdity of death = death without saying goodbye, and ambiguous loss occurs, and continues to cause the prolonged grief disorder.

Medical personnel make efforts to prevent ambiguous loss and the prolonged grief disorder using cognitive behavioral therapy and digital transformation. We examined COVID-19 pandemic from the viewpoint of an emergency hospital.

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As an ethical consideration, this study obtained the approval of the ethics committee, and the patients were unidentified.

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