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REFLEXION

THE DYING PROCESS AND DEATH OF PATIENTS WITH COVID-19: A REFLECTION IN THE LIGHT OF SPIRITUALITY

Maria da Conceição Quirino dos Santos da Silva[1], Alba Benemérita Alves Vilela[2], Rita Narriman Silva de Oliveira Boery[3], Rudval Souza da Silva[4]

ABSTRACT

Objective: to reflect on the dying process and death of patients with Covid-19 in the light of spirituality.

Development: Amid the pandemic caused by the new Coronavirus, we once again face the feared death, with an aggravating factor: increasing number of deaths characterized by the lack of opportunity for the individuals to say goodbye to their loved ones, dying patients accompanied only by health professionals, and bodies taken directly to the cemeteries. It is worth discussing here an element through which most people seek strength: spirituality.

Final considerations: Understanding the sense of spirituality on the part of health professionals, in search of support for dying patients and bereaved families is important, as spirituality can be a potential factor of integration and harmonization of interpersonal relationships.

DESCRIPTORS: Coronavirus; Pandemics; Palliative care at the end of life; Spirituality; Nursing.

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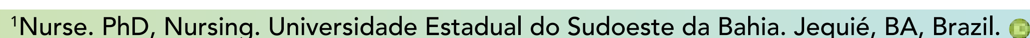
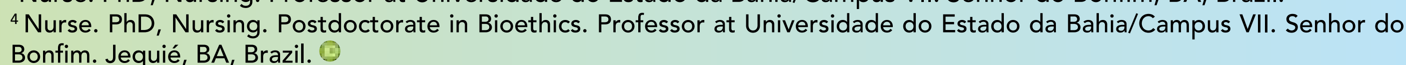

[1]Nurse. PhD, Nursing. Universidade Estadual do Sudoeste da Bahia. Jequié, BA, Brazil.

[2]Nurse. PhD, Nursing. Professor at Universidade Estadual do Sudoeste da Bahia. Jequié, BA, Brazil.

[3]Nurse. PhD, Nursing. Professor at Universidade do Estado da Bahia/Campus VII. Senhor do Bonfim, BA, Brazil.


[4] Nurse. PhD, Nursing. Postdoctorate in Bioethics. Professor at Universidade do Estado da Bahia/Campus VII. Senhor do Bonfim. Jequié, BA, Brazil.

O PROCESSO DE MORRER E MORTE DE PACIENTES COM COVID-19: UMA REFLEXÃO À LUZ DA ESPIRITUALIDADE

RESUMO

Objetivo: refletir sobre o processo de morrer e morte de pacientes com Covid-19 à luz da espiritualidade.

Desenvolvimento: em meio à pandemia provocada pelo novo Coronavírus, mais uma vez nos defrontamos com a temida morte, com um agravante: mortes em números crescentes e marcadas pela ausência da oportunidade de um momento para despedidas, pacientes morrendo em companhia apenas dos profissionais de saúde, e os corpos seguindo direto para os cemitérios. Cabe-nos discutir um elemento pelo qual a maioria das pessoas busca uma fortaleza, a espiritualidade.

Considerações finais: importa compreender o sentido da espiritualidade por parte dos profissionais de saúde, em busca do apoio aos pacientes em processo de morrer e às famílias enlutadas, o que a torna um potencial integrador e harmonizador das relações interpessoais.

DESCRITORES: Covid-19; Pandemias; Cuidados paliativos na terminalidade da vida; Espiritualidade; Enfermagem.

EL PROCESO DE MURIR Y DE MUERTE DE PACIENTES CON COVID-19: UNA REFLEXIÓN A LA LUZ DE LA ESPIRITUALIDAD

RESUMEN:

Objetivo: reflexionar acerca del proceso de morir y de muerte de pacientes con Covid-19 a la luz de la espiritualidad.

Desarrollo: en razón de la pandemia provocada por el nuevo Coronavirus, una vez más uno se queda delante de la muerte, pero con un agravante: muertes en números crecientes y señaladas por la ausencia da oportunidad de un momento para despedidas, pacientes muriendo solos, en compañía únicamente de los profesionales de salud, y los cuerpos siguiendo directamente a los cementerios. El objetivo es, por lo tanto, discutir un elemento por el cual la mayoría de las personas busca una fuente de fuerza, la espiritualidad.

Consideraciones finales: es importante comprender el sentido de la espiritualidad por parte de los profesionales de salud, en búsqueda del apoyo a los pacientes en proceso de morir y a las familias enlutadas, lo que los vuelve un potencial integrador y armonizador de las relaciones interpersonales.

DESCRIPTORES: Covid-19; Pandemias; Cuidados paliativos en la finitud de la vida; Espiritualidad; Enfermería.

INTRODUCTION

Global health faces an overwhelming problem that began in November 2019 in the city of Wuhan, China, characterized by severe respiratory contamination, which was only identified in January 2020 by Chinese health authorities as the new Coronavirus. In March this year (2020), the World Health Organization (WHO) quickly announced the presence of a pandemic - a public health emergency of international interest. At the time of the declaration, there were already more than 80,000 cases spread throughout the world, and all countries in the world had confirmed cases of covid-19 [1].

As a result of the pandemic, two months after the virus was identified in China, the Italian health system collapsed. Italy was the country with the second oldest population trailing only Japan [2].

Elderly followed by and/or associated with people with pre-existing diseases such as heart disease, diabetes and hypertension are the target population of Covid-19, a very serious type of pneumonia. The situation in Brazil is worrying: a study released in February 2020 exposed the possibility of the country to collapse in late April to early May, if measures of isolation and/ or social distancing were not adopted in a timely manner[3].

Thus, we are facing one of the biggest pandemics of our times, Covid-19, which is still expanding on the planet and growing alarmingly. While we were preparing this reflection, countless cases emerged each day, increasing the numbers of deaths. Italy, like Brazil, was hit hard by the pandemic. The search for patient zero, the identity of the unknown virus, was made in the Italian city of Emiliana de Piacenza [4]. Meanwhile, hospitals in England have been instructed by the government to suspend all non-urgent elective surgeries for at least three months to help the service deal with the pandemic[5].

Certainly, temerity in the process of dying from Covid-19 increases with age, because elderly, notably those with chronic illnesses [6-7] are the most vulnerable to the disease. The reduced immunity of aged population increases vulnerability to infectious diseases and, consequently unfavorable prognosis for those patients with chronic diseases [6-7]. In this context, actions were adopted worldwide, including Brazil, such as measures of isolation and/or social distance, with closing of schools and non-essential workplaces. Such measures impacted a large portion of the population and caused emotional and financial damage aggravated by the suffering caused by the emotional pain of loss and the greater number of hospitalizations [6].

The countries experienced these facts at different times. However, the pandemic course was the same. The dying process and temerity of death, by patients, family members and health professionals, have become the focus of the news, with emphasis on the numbers of deaths, rather than the deaths of people. Deaths are no longer considered in the family context, but only as a gloomy statistics. It should be noted that everything changes when deaths occur in our families: the emotional pain associated with social commotion is multiplied and becomes a family pain. This brings us to the discussion of spiritual pain, a transcendental relationship between the soul and divinity, and the change caused by the pandemic scenario. In this context, the present study aims to reflect on the dying process and death of patients with Covid-19 in the light of spirituality.

DEVELOPMENT

The whole world is facing a difficult time and is far from getting concrete answers to contain the pandemic outbreak caused by the new Coronavirus. Covid-19, a disease caused by SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2), has an average incubation period of 5.5 days and onset of symptoms around 11 to 14 days [9-10].

The progression of cases in the world has been monitored and recorded by the WHO every minute, together with the formulation of plans for providing quick responses to the spread of the disease [11-12]. As of May 11, 2020, more than 3,917,366 cases had been confirmed and 274,361 deaths had been recorded worldwide, and Brazil accounted for 162,699 cases and 11,123 deaths [11].

The high number of deaths has been worrying government officials around the world. Given the high degree of transmissibility of the disease, patients in serious conditions are separated from their families and cannot receive visits. Meanwhile, the dying process and death are very quick, and to make matters worse, the patients cannot say goodbye to their loved ones [13].

Death is a phenomenon that causes distress, fear and exacerbation of anxiety [14]. Although it is part of life, it remains a taboo, since we have not been taught how to deal with death in the best possible way [14-15]. Beliefs about death are influenced by social, cultural and philosophical thoughts that, consciously or not, shape our behaviors. In stressful situations, health professionals experience physical, emotional, social and spiritual suffering when they witness the death of a patient, which reminds them of their own mortality[16].

Thinking of care as a multidimensional epistemic concept, it can be seen that we must reflect on the spiritual dimension, recognizing its importance in how to deal with the uncertain, with the aggravation of diseases such as Covid-19 and the finitude of life [17-18]. Spiritual well-being aims to offer support to those who feel helpless in the face of imminent death [18]. Most hospitals receive religious representatives to help terminally ill patients, and interventions are focused on comforting patients and improving their well-being in the context of spiritual pain and critical condition, extending their actions to patients and families [15]. However, during a pandemic, even the provision of spiritual care is difficult [19].

Thus, we must reflect on the spirituality that is imposed at this moment. Spirituality is the essence of the human being, an innate attribute that promotes well-being, health and stability, giving a new meaning to each person's life. It differs from religiosity, which is the individuals' way of expressing their spirituality through values, beliefs and ritual practices that provide answers to the essential questions about life and death [20].

Based on the philosophical principles of palliative care, which use the concept of total pain as the core of palliative care, we must look for ways of taking care of the spirituality of each patient and their families in the midst of the pandemic. It is necessary to assume this dimension as a priority for therapeutic strategies, as it is recognized as a source of well-being and quality of life for people who experience the dying process [21].

At this critical moment of the pandemic, the approach to palliative care becomes essential to manage situations of imminent death, in order to recognize and respect the sacred element of each patient, their beliefs/faith that comforts their spiritual pain. This is one of the pillars of palliative care, despite the widely known difficulties and weaknesses associated to the routine of ordinary hospitals, and particularly of field hospitals, temporary medical units constructed to assist patients with Covid-19.

We must recover the aesthetics of care, the sensitivity of making good use of technologies in order to allow the patients to have contact with their families or spiritual leaders, and take care of the spiritual dimension of each hospitalized patient, mitigating the trauma caused by a solitary death, as patients cannot say goodbye to their loved ones[4].

Discussing palliative care at the end of life is associated with the adjustment of algorithms and relationships. However, at appropriate times, algorithms are essential for the provision of this care. The presence of a professional palliative psychologist will provide contact with family members in the postmortem period, since human contact is not allowed patients in severe condition affected by Covid-19. The practice of new in-hospital sectors dedicated to end-of-life care in the midst of the Covid-19 crisis has enabled compassionate management, mediated by technology in an appropriate, proportional and ethical manner[4].

In this context of family suffering resulting from emotional pain resulting from the loss, as well as the suffering of the sick on the verge of death and far from their loved ones, there is distress on both sides. In addition to providing care, health professionals must address the need for isolation with families and patients and at the same time, provide everyone with moments of love and compassion, stimulate reflection and provide ways to ensure moments of care for spirituality, in order to mitigate the suffering caused by the situational context.

Thus, the practice of spirituality in intensive care units reflects their concern with the quality of care provided to patients/ families, as this environment that has high levels of stress, is stigmatized by the cultural construction of fear of the outcome of a terminal disease with a prognosis of imminent death. This can generate an emotional crisis in the family characterized by anxiety and stress related to the transfer of their loved ones to the Intensive Care Unit (ICU), as has often happened. Thus, we believe that high quality care, based on satisfactory interpersonal relationships with patients and families, ensures a more humanized environment and care focused on valuing the human being as a whole person[22-23].

The current pandemic reminds us that we humans are mutually dependent on each other. Nobody can survive alone, because we will always be dependent on many other people. We were created to be solidary, establish ties and show affection. Time provides us with an experience of deeper connection with the world and with those who really matter, and leads us to a transcendental relationship between soul and divinity.

Interpersonal relationships are re-signified, whether with the family or with the palliative care team, when situations of pain and suffering are faced, such as end of life care. The essence of care is associated with closeness and bonds, which rely on spirituality, on transcendentality [24].

FINAL CONSIDERATIONS

There is a gap in studies related to spirituality and the dying process and death, especially in the pandemic scenario, despite the various questions about the feelings of patients far from family members and vice versa, due to isolation and/or social distancing.

The spiritual dimension of people to support the pain for the loss of family members, which can be temporary or permanent, must be properly assessed. Health professionals must promote actions focused on spirituality, guide and talk to the people or mitigate their spiritual pain and suffering based on therapeutic interventions that respect their different beliefs and religious dogmas - Spirituality and religiosity differ, but they must always be taken into consideration, with respect for the sacred element or each individual.

The health team, and particularly the nursing team, who have closer contact with the patients, can and must emphasize the use of therapeutic interventions focused on spirituality conducted by one or more members of the health staff. Ideally, there should be specialized follow-up, which can be provided by a chaplain or a religious/spiritual leader of the patient's choice. This intervention can be carried out with the use of technology: a virtual meeting between the patient and the spiritual leader of his/her choice.

Patients with Covid-19 in an advanced stage of the disease, who are receiving end of life care, have the same right of assistance and care as those who are no longer in critical condition due to improvement of symptoms. Compared to other patients, they require adequate control of symptoms or a dignified death, which is a basic constitutional right applicable to every citizen. Every health professional, who is also a caregiver, has a fundamental duty to mitigate the patients' suffering, providing adequate care with the available resources. Health professionals must also pay attention to spirituality, regardless of the patients' chances of survival, recognizing that this integrating dimension should

never be neglected, as it is part of human essence.

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Corresponding author:
Maria da Conceição Quirino dos Santos da Silva
Universidade Estadual do Sudoeste da Bahia
Av. José Moreira Sobrinho, s/n – 45205490 - Jequié, BA, Brasil
E-mail: conceiçãoquirino@gmail.com

Role of Authors:
Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - MCQSS
Drafting the work or revising it critically for important intellectual content - RSS
Final approval of the version to be published - ABAV, RNSOB

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