**Grieving under lockdown***Rev’d Julian Perkins, Hospital Chaplain*

As we grapple with the challenges of lockdown and consequences of social distancing, it is also worth reflecting on the future costs of the path that we have chosen.

When we come out of lockdown the healthcare system that was already stretched beyond its limits will be attempting to catch up in a way that is simply impossible. We do not offer superfluous healthcare; we offer what is needed when it is needed, not always as soon as needed. That is the nature of a financially efficient healthcare system.

The ultimate cost of all the postponed health care will be in terms of people's lives. Some people are going to, indirectly, die sooner than they would have if this virus had not occurred. For the many people who have long term health conditions there is a sense of life being on hold, viewing a healthcare system that is preparing for an epidemic and only able to offer care where there is an immediate threat to life. Treatments that would greatly increase the quality of life for many are having to be delayed for as long as they reasonably can and those who would benefit must at best endure.

The mathematical modelling of an epidemic outbreak and the possible courses of action is complex. It relies on some significant assumptions about unknowns and the outcomes are sometimes sensitive to quite small changes. We are operating with imperfect information and our decisions involve a degree of instinct or best guess. The art of decision making in such circumstances is to consider all that we do know and to appropriately weigh the evidence as best we can. Even knowing what the models are sensitive to can reveal important Information about what needs to be done.

Defining our goal is the most important thing in understanding what our best course of action is. The goal may seem obvious but every course of action has positive and negative consequences. If one was driven by the wealth of the economy, which seemed to be a consideration in some countries in the early stages of the pandemic, the optimal course seemed to be to build up ‘herd immunity’. Anyone with compassion for the individual lives that would be devastated cannot contemplate the deaths that would result from such a course of action, or perhaps more correctly inaction. Yet, even if our goal is to minimise the number of deaths this will put other lives at risk.

We are doing all we can to stop the spread of COVID-19 and the government appears to be moving us in the right direction. We hope that the considerable cost to the livelihoods of many people will be worth it and we hope that the government will continue to step in and support those who need it. However, it will be difficult to identify and care for those whose physical and mental health has been affected and we will need to work hard to provide them with the support services and increased healthcare they need.

One area where the consequences of our current course of action seem to create a very high burden is around family presence for patients dying in hospital and then family attending their funeral. Whānau, family, and connections are deeply important within our society and saying a final goodbye has deep and lasting significance. It is something that happens just once, there is no way of making good what has not been done. We should be deeply concerned if people are not be able to grieve the death of a loved one in the normal way.

Despite my role as a minister of religion, I do not think that the physical absence of faith leaders is a significant issue. I sense that people will adapt to ministry over the phone and by video. One of the Waikato Hospital chaplains has for a few months been consciously offering on-call responses over the phone as a first option. It is often welcomed very positively, particularly where people were worried about calling him out. The reassuring calm voice, the space held for the person to talk, and the gentle offer of prayers, can still bring peace even over a phone. Yes, sometimes it would be better if we were there in person but ministers and people can adapt to a new mode of delivery if they know there is a good reason.

It will however, be more challenging for family members who cannot be present at the death of a loved one. At the death of a non-Covid-19 patient two family members can be present at the absolute discretion of the senior nurse. I know the compassion of our senior nurses. They will do all they can to facilitate this, if they can do so safely. It will be difficult for the family members who could not be there but they will have the comfort of knowing a family member was there, to hold the hand of their loved one and speak words of comfort assuring them they were not alone as they died. Though hard, we can live with this. In a similar way, I think we can also adapt to funerals with only one or two family members standing in for the rest of us. We will hold our own family gatherings when we can and in the meantime we will do all we can to support one another.

However, it will be much harder for those whose loved has or is suspected of having COVID-19 and who will die without any family present. For those who are bereaved in this way there will be an enduring sense of not having been there for their loved one, of not having been able to offer the final gift of love that they ever could. There are undoubtedly risks involved in being physically present in the hospital and there are some serious complications because the closest family will often have been in contact with the person dying so will be self-isolating. These risks and complications have to be balanced with the serious risks from complex grief, grief characterised by a failure to recover in the normal way. Such traumatic bereavement is a mental injury from which they may never recover and that, at best, is likely to be life changing. The research in this area is relatively new but complex grief is now included as a Mental Health condition in the new WHO International Disease Classification Codes (ICD-11).

A study that is worth noting is:

**Predictors of Complicated Grief: A Systematic Review of Empirical Studies**, Lobb, Elizabeth Anne, et al, September 2010, Death Studies 34(8):673-698, DOI, [10.1080/07481187.2010.496686](https://www.researchgate.net/deref/http%3A//dx.doi.org/10.1080/07481187.2010.496686?_sg%5B0%5D=u477f3ibCXxA3Rwew2e5OFRJ-CF6nHA3FHfQaF1bOTnxHB8VuWEUJTKEo0dp303bk5cBEdG5X_PX5akvKZE3jDqloQ.kV6LVEYx6-jYFQeLMrRz3zEWRzfy5dJCkKMeTQgEJzzor9IG1zyXu437hU52_K_07RuqtZj4xDP1RYfUi7Gk2A)

**Abstract** A systematic review of the literature on predictors of complicated grief (CG) was undertaken with the aim of clarifying the current knowledge and to inform future planning and work in CG following bereavement. Predictors of CG prior to the death include previous loss, exposure to trauma, a previous psychiatric history, attachment style, and the relationship to the deceased. **Factors associated with the death include violent death, the quality of the caregiving or dying experience, close kinship relationship to the deceased, marital closeness and dependency, and lack of preparation for the death. Perceived social support played a key role after death, along with cognitive appraisals and high distress at the time of the death.** Inconsistent definitions of CG and measurement tools were noted in the earlier studies reviewed. Limitations identified in the studies included use of cross-sectional designs, heterogeneous samples, high attrition, demographic differences between cases and controls, differences in length of time since death, and differences in types of death experienced. Notwithstanding these limitations, some consistent findings have emerged. Further research into conceptualizations of CG in terms of attachment theory and constructivist and cognitive-behavioral concepts of finding purpose and meaning after bereavement is warranted.

If we do have a significant outbreak of COVID-19, it is reasonable to suggest that our current strategy is going to negatively impact many of the factors that increase the likelihood of complex grief for those whose loved ones die of COVID-19. There are no simple answers in this but if it was our loved one who was dying there are few of us who would not want to be there, taking all the precautions we could but also knowing that there was a risk to our own life. That is how deeply these things matter to the humanity that is within us.

There is a further challenge in this; watching someone die of COVID-19 will itself be a traumatic experience. Hospital chaplains see more deaths than most people. Some of the deaths I have seen still live with me, however, they do not haunt me. I would much rather someone was there with the person who was dying and to support their family: I have never known a family member say they wish they hadn’t been there, even when they have needed to talk through it afterwards. Being there is profoundly important.

For those who are struggling to live with their grief there is little support. We already have a mental health system that cannot cope. The support for those who experience complex grief will likely be inadequate and the cost to these individuals will be huge. Our ongoing policies need to have compassion. The current policies have a ruthless logic that fails to acknowledge all the dimensions of the true human cost and I am reminded of the prayer of Sir Robert Hutchison (1871-1960)

From inability to let well alone,
from too much zeal for the new and contempt for what is old,
from putting knowledge before wisdom,
science before art and cleverness before common sense,
from treating patients as cases and
from making the cure of the disease more grievous than the endurance of the same,
good Lord deliver us.

Our knowledge is incomplete, yet, we can see that we are potentially 'making the cure of the disease more grievous than the endurance of the same'. There will be suffering, there will be pain, there will be death; this is inevitable but let us not lose sight of our humanity in how we manage the complex risks. COVID-19 is not the only risk to our lives. It is part of a complex picture that needs wisdom and deep insight.