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The COVID-19 Pandemic: Do Not Turn the Health Crisis Into a Humanity Crisis

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The coronavirus disease 2019 (COVID-19) pandemic is responsible for a brutal wave of deaths, with more than 380,000 worldwide, including 29,000 in France and 106,000 in the United States according to the World Health Organization at the time of this writing.¹ Due to the contagious risk of COVID-19, in certain French hospitals families are forbidden to visit and telephone calls are sometimes not provided. Casketing is often immediate, and the deceased are deprived of most funeral rites.

Many relatives experience this absence of contact with the terminally ill patient as a traumatic deprivation. Despite the necessity of physical distancing, maintaining a human bond is certainly the only “palliative care” that can be given to terminal patients and to relatives who wish to bid farewell. It is important that hospitals and clinics respect the right of both families and patients to communicate before the latter passes away. Acute isolation may cause social craving, with neural craving responses similar to hunger, even at the neurofunctional level.² Terminal patients have a primordial need to see their families in their last moments, and this is a basic way to ensure that patients experience a dignified end to their lives. Although these patients most likely spend their last moments being cared for by compassionate clinical staff, health care workers often find themselves overwhelmed with the extra workload created by COVID-19. Health care staff may appear dehumanized in the eyes of a terminal patient, given that they are rushing around in full personal protective equipment required to protect against the virus.

Some anthropologists consider funeral rituals to be fundamental to the development of “culture” in the history of humanity.³ Rites are symbolic means by which humanity is constituted and socially expressed. Societies always associate the biological existence of individuals with ritualistic care, which marks their belonging to the human society and further develops their culture. Human existence is punctuated by rites—from the cradle to the grave. One cannot die with

dignity in the absence of any rite, and the treatment of the dead in serious crises such as wars and exterminations corresponds to a denial of humanity. These important funeral rituals begin during the process of accompanying or communicating with the patient at the end of life.

Some facilities treating patients with COVID-19 have authorized visits of loved ones to terminal patients since the beginning of the health crisis. Others, overwhelmed by the growing pandemic, have felt huge strains on staff and resourcing and have not immediately been able to consider the essential nature of these visits. Lack of communication with families also may have been compounded by time restraints on clinical staff tasked with providing technical health care, resourcing health care equipment, and treating an unknown and deadly disease.

Denial of the right to be close to loved ones in their last moments due to bans on hospital visits exposes families to significant psychological suffering, which while potentially avoidable, could likely contribute to pathological grief caused by the traumatic separation. Protecting the population during the COVID-19 outbreak also means protecting the patients’ relatives from the psychological effects of the pandemic as much as possible. Periods of crises, disasters, and epidemics expose populations to an increased risk of depression, suicide attempts, and posttraumatic stress disorder.^{4,5} The current pandemic, with the social distancing measures that have been implemented, no longer allows the necessary human contact and causes a social countermodel. Let us not make it a human countermodel.

It is vital that health care facilities authorize family visits and telephone or video calls for all terminal patients, COVID-19 positive or not, in all affected continents. We should not let this health crisis turn into a humanity crisis.

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