Strategies to humanize the medical treatments and mourning in COVID-19 Intensive Care Units

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Abstract

The COVID-19 pandemic has modified many aspects of clinical practice. Although the COVID-19 crisis is, primarily, a physical health crisis, in many cases physicians understood the urgency of the mental aspects as well and tried to find new ways to humanize the patients' hospitalization. Policies designed to keep patients and medical staff safe required extreme but necessary measures, including social distancing. That meant that patients were isolated from their families until discharge, remaining in a sort of undefined mental space.That meant that patients were isolated from their families until discharge, remaining in a sort of undefined mental space. The common question that brought the patients' relatives together was: is this really a temporary separation or a start towards a final departure? The paper shows strategies to humanize and manage the ICU treatments and mourning during the COVID-19 pandemic.

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Strategies to humanize the medical treatments and mourning in COVID-19 Intensive Care Units

The COVID-19 pandemic has modified many aspects of clinical practice. As a consequence of the increased number of patients who have been admitted to hospitals, the workload of Intensive care Units (ICUs) has augmented drammatically.[1-3] When the first wave of patients arrived, many health-care workers had been taken by surprise. Although the COVID-19 crisis is, primarily, a physical health crisis, in many cases physicians understood the urgency of the mental aspects as well and tried to find new ways to humanize the patients' hospitalization. Policies designed to keep patients and medical staff safe required extreme but necessary measures, including social distancing. That meant that patients were isolated from their families until discharge, remaining in a sort of undefined mental space. The common question that brought the patients' relatives together was: is this really a temporary separation or a start towards a final departure?[4]Sometimes patients asked for the opportunity to have a last farewell using electronic devices or goodbye letters.

This sufferance was not exclusive to patients and their relatives, but also to the health professionals. COVID-19 presented the health care community with unprecedented challenges and in the worst scenario the ICUs were saturated and there were no free beds available. In this complex situation, simple acts of kindness and empathy helped patients, families, and medical staff to cope during these trying times.

While the advantages of modern technologies, such as smartphones or laptops, helped reduce the emotional toll accompanying such sacrifices, the protective devices used by the ICU teams resulted in depersonalization and difficulties of communication, and caused a profound sense of loneliness. In this complex scenario, the need of true communication has been urgent, e.g. facial expressions, and physical contact.

With these considerations in mind, two critical points can be made. First, patients need time and human presence as part of their therapy. This has been proven by the fact that good mental health facilitates the recovery of patients by reducing anxiety, depression, and delirium that are very common manifestations in COVID-19 patients.[5-7] Second, more adequate communication between the families and the medical staff, especially in cases of worst prognoses, is necessary to facilitate and assist the process of mourning. Social isolation during the COVID-19 outbreak, in fact, means that family members may not be able to spend time with the dying person in her/his final moments, and have to forego traditional funerals and burials, therefore an un-elaborated grief remains. Someone might experience feelings of guilt and anger.

Thus, the urgency of humanizing the ICUs is ever increasing in its importance. Therefore, it is necessary to consider communication as a critical skill of clinical care. In this context, communication cannot be reduced to a simple exchange of information, but also involves an important emotional responsibility. When communicating with patients and patients' families, physicians should describe the clinical conditions in a comprehensive and clear way, without transmitting anxiety. Attention should be paid to potential doubts, questions and feedback given to the former.[8]

Furthermore, when patients are conscious, it would be better promoting video-calls with their relatives. These approaches could offer mutual and reciprocal benefits: patients will be less anxious, and their families will have more time to accept the clinical condition of their loved ones.

At the same time, non-pharmacological interventions, including guided imagery, music therapy, and meditation, represent effective tools to be adopted for humanizing the medical treatments. In fact, they have been useful for alleviating pain, discomfort, and anxiety, while preventing the risk of negative long-term effects, such as delirium, a common symptom affecting COVID-19 patients after some days of hospitalization.[9]

Similarly, the same holds true for the medical staff who are working at the forefront to counter this public health emergency for whom the emotional workload and stress is stretching their resilience to the utmost. Thus, cognitive-behavioral therapies, establishment of support groups, and stress-reduction trainings, are important resources that should be promoted for reducing emotional exhaustion and improving the resiliency of the health-care professionals.

The COVID-19 pandemic has become a leading cause of death worldwide and the loss and death pervade our lives. While these issues have often represented taboos in western society, we now recognize the necessity to educate people talking about end-life treatment. At the same time, admissions into the ICUs are increasingly more stigmatized because of its association with a high probability of death, sufferance and human pain. Thus, the humanization of medical treatments should be a goal for all physicians and, considering its importance for both patients and the medical staff, it should be taught in all medical schools and become an integral part of the education of our future physicians. Understanding and addressing the aspects that contribute to the humanization of the ICUs represent a critical point for delivering high-quality critical care, enriching clinical practice, and improving the wellbeing of the patients and their families.

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