

LETTER TO EDITOR/CARTA AO EDITOR

## Loss and Grief Following COVID-19: Another Pandemic? Luto Após COVID-19: Uma Nova Pandemia?

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**Keywords:** Bereavement; Coronavirus Infections; COVID-19; ; Grief

**Palavras-chave:** COVID-19; Infecções por Coronavírus; Luto; Pesar

Dear Editors,

Bereavement is the experience of losing a loved one, and grief is the natural response to this loss. When there is a disruption of the normal grief reaction, the result can be prolonged grief disorder (PGD), recently included as a new category diagnosis both in the World Health Organization International Classification of Diseases, 11<sup>th</sup> edition (ICD-11) and in the Diagnostic and Statistical Manual of Mental Disorder, 5<sup>th</sup> edition (DSM-5).<sup>1</sup>

At the time of writing, according to the World Health Organization, there are 98 925 221 confirmed cases and almost 2 127 300 deaths of registered infected individuals worldwide.<sup>2</sup> Additionally, the COVID-19 outbreak may indirectly increase its death toll because health systems are collapsing.

Until now there, to our knowledge, there are not studies that specifically focus on the impact that a death linked to a pandemic had on the grief of the bereaved. Moreover, we can look at the research about complicated grief occurring after natural disasters or on ICU treated patients,<sup>3</sup> assuming that there might be some common risk factors between these situations.

Many factors can influence bereavement: the nature of death, the context of the death, the consequences of death and preexisting factors of the bereaved person.

One possible risk factor related to COVID-19 pandemic is the unexpected nature of the death. In a recent study, people who experienced COVID-19- related bereavement more often experienced the loss as unexpected than those

experiencing natural loss.<sup>4</sup> Although health professionals are trying to keep the family in touch with the hospitalized person, there is still a big part of the bereaved that see their loved ones enter the ER and cannot see them again. During the COVID-19 pandemic, most of the deaths have happened in the ICU after the development of an acute respiratory distress syndrome.<sup>3</sup>

In countries like Portugal and Spain, where there is a strong Roman Catholic tradition, people usually gather around the deceased, remembering them and accompanying the family. The importance of these rituals and the impact of their absence is unquestionable.<sup>5</sup> Restrictions during the pandemic have affected these rituals, forbidding open coffins and limiting the number of people present.

An additional risk factor for poor bereavement is a strong feeling of guilt. Surviving family members may have to deal with the guilt of being alive and may question why they have survived when their loved one did not.<sup>6</sup> Currently, there is another type of guilt related to the idea of having been the transmitter of the disease.

Furthermore, accompanying and following this pandemic come multiple losses, such as the loss of jobs, economic status, and, in some more devastated cases, of basic shelter needs.

So, what can we do? Although not all these risk factors for PGD can be manipulated by intervention,<sup>3</sup> as an important first step, it is necessary that health staff understand the risk of trauma and of PGD for early identification, prevention whenever possible, and appropriate treatment.

**Recebido/Received:** 26.01.2021

**Aceite/Accepted:** 30.01.2021

**Publicado / Published:** 2021-03-01

\* Author's contributions: The three authors equally designed, wrote, reviewed and approved the final version of the letter.

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Prevention measures include providing, whenever possible, a means for family members to say goodbye, whether it be in person or by virtual communication. In addition, at a community and government levels, adaptation of rituals, such as funerals, and measures to provide support to more

vulnerable and isolated individuals are important. At last, the support for health professionals is essential. Although this is not the scope of this text, we cannot forget that if staff is not healthy, they will not be able to provide the best treatment for other people.

### Responsabilidades Éticas

**Conflitos de Interesse:** Os autores declaram não possuir conflitos de interesse.

**Suporte Financeiro:** O presente trabalho não foi suportado por nenhum subsídio ou bolsa ou bolsa.

**Proveniência e Revisão por Pares:** Não comissionado; revisão externa por pares.

### Ethical Disclosures

**Conflicts of interest:** The authors have no conflicts of interest to declare.

**Financial Support:** This work has not received any contribution grant or scholarship.

**Provenance and Peer Review:** Not commissioned; externally peer reviewed.

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