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Death in the era of the COVID-19 pandemic

Behavioural and social interventions adopted to contain the outbreak of coronavirus disease 2019 (COVID-19) are strongly affecting the way that people die in many countries, such as Italy. In health-care facilities, both infected and non-infected patients are isolated. Patients can only communicate with their loved ones via mobile phones or electronic tablets, if these patients are able to use them. For physicians and nurses, who are already overwhelmed by the emergency,¹ providing support to patients helps to maintain humanity at the end of life, but might also be emotionally exhausting.

Some patients are cared for at home, mainly by their close family, if present. Visits from family members are few because of the physical distancing measures. Death as a social process has been disrupted for those dying in hospital and for those dying at home.

For example, in Italy, funeral ceremonies are forbidden² and cemeteries are closed everywhere. For families, a paucity of contact with loved ones, along with the absence of after-death rituals, make the grieving process very hard.

This scenario is not new. Visiting sick people and attending funerals and wakes were also prohibited during the 1918 influenza pandemic.

Today, modern strategies to increase communication between patients and family should be adopted. Providing patients in health-care facilities with mobile phones and electronic tablets could be a first step. Volunteers can be recruited to facilitate patient-family communication and can help patients to use devices and record and share messages to their family. Companies that produce these devices and provide mobile phones and internet connection could support this cause.

Increasing the interactions that a patient has with their family will probably not prolong their life, but

might improve the quality of their life. Enhancing communication during this outbreak might also help the emotional burden on affected families and health-care workers. Live stream funeral services and wakes might substitute grief rituals, at least in part, as families wait for memorial services to resume once the pandemic passes.³

In the 21st century, our ability to react to a pandemic will also be tested by how we are able to maintain the social dimension of death and dying.

I declare no competing interests.

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