

Online Group Bereavement Care in the time of COVID-19

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TITLE

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OBJECTIVES

This case study will describe a group bereavement care method amidst COVID-19, its immediate impact on the bereaved and support team along with the lessons learned. From this study we identify the intensified emotions of bereavement in the face of a pandemic, the factors associated with them and learn from the innovative responses and insights from the bereaved's immediate community as we describe the power of shared words through technology.

BACKGROUND

The pandemic has affected the services to palliative care patients worldwide and the experience of one, very well echos the experience of perhaps an unheard majority. The human touch is a powerful tool in expressing care and concern, and to prohibit the staff of the Ruth Foundation (TRF), a community-based palliative and hospice care program, from giving such not only to their patients but also their family and friends is quite unthinkable. There must be a balance in protecting TRF's staff from the virus, and being able to do "*damayan*", to give sympathy and comfort to the patients' immediate family. If COVID-19 is presently ubiquitous, so is technology, and probably more so. For centuries, our ability to communicate without seeing and touching each other has been around, from letter-writing, to phone-calling, phone-texting, email-writing, and now video-calling. Emotions have been expressed, from one side of the world to the other, through one of these mediums. Because of technology, TRF came up with an "Online Group Bereavement Care" to demonstrate how sympathy can be unsparingly and effectually expressed through this medium.

CASE DESCRIPTION

The case focuses on the grief and bereavement of a social worker (SW) of TRF, a community-based Palliative and Hospice provider who lost her mother from Stage 4 cancer, during the time of COVID19 .The pandemic brought unprecedented change in every Filipino's life. Aside from the Philippine government declaring an enhanced

community quarantine (ECQ) that brought almost all aspects of life to a standstill, it also imposed that confirmed and suspected COVID-19 cases should be cremated or buried within 12 hours after death. The SW's experience did not prepare her for this imposition. All her preparations turned into instability, and the inevitable happened - her mother passed away within the ECQ period. Her family and friends were not given the opportunity to give their final respects through the honored Filipino tradition of *lamay* or *lamayan*, or a funeral wake. *Lamay* and *lamayan* are closely related to the Tagalog words *damay* (to console) and *damayan* (express, give sympathy). With this, TRF organized an Online Group Bereavement Care session for their bereaved colleague and their insight were individually documented.

RESULTS

Before the session the bereaved expressed feelings of trepidation and mixed emotions with fear of being unsure of what to say. During the actual get-together, the attendees experienced being at ease because they felt they were able to comfort the bereaved by their presence, be it virtual. They said, they appreciated the chance to express their sympathy and help the bereaved feel less lonely. One colleague who was present shared that even from a distance, they were able to “carry some load of grief”. The efforts of the on-line bereavement care session were then validated as the bereaved's fears turned into affirmation. She shared “ their words of sympathy made me feel that I'm not alone in what I am going through. They may not be physically present but virtually they were able to be with me in my grief for which I am grateful. Amidst the loneliness I feel, I felt consoled after the online wake.” The following suggestions were from those in attendance regarding the process.

Before the meeting:

- Be clear about the objective of the meeting. It should be focused on giving comfort and allowing the bereaved to grieve their loss.
- Identify the participants. Ideally they should have a relationship with the bereaved. Limit the number of those participating; it should not exceed 10 participants.
- Identify a facilitator. This person will start, facilitate, and wrap-up the session.
- Determine the date, time, and the online platform of the meeting. Start and end on time. Ideally the session should not go longer than 1.5 hours. Inform the bereaved how long the session will be.
- Appoint someone to send the invitations to the participants. Make sure that they include the website link to the session. Mention that it will be appreciated if they enter the session 10 minutes before the appointed time.
- Orient all the participants on the Do's and Don'ts during the session. Assign a credible person to do this. Mention to put their microphones on MUTE when they

join the session. Ask them to be in a place where there are no distractions, such as kids playing, people talking, etc.

- The facilitator may assign 2 - 3 participants to ask questions. If time permits, allow follow-up questions.
- Assign 2-3 persons to pray for the bereaved.

During the meeting:

- Start when the bereaved have joined the meeting. Ideally, most of the participants are already present when he/she joins.
- As much as possible, allow the bereaved to talk and express her experiences, thoughts, and feelings. Allow him/her to cry.
- All participants should listen to the bereaved. Out of respect, no separate discussions should occur.
- As much as possible, no participant should leave the meeting unless necessary.
- The facilitator should be aware of the time and the conduct of the meeting, and should know when to wrap up.
- Ensure that the session ends on time.

After the meeting:

- Evaluate if the objective has been achieved. One or two participants may ask the bereaved how he/she feels.
- Assess what was done well, what can be improved, and what could be done differently.

CONCLUSION

The Online Group Bereavement Care session is an example that the intent of expressing and giving sympathy knows no boundaries. The virtual approach has the power to transform feelings of trepidation, uncertainty, fear and loneliness, into consolation, affirmation and community. Add these with the pro-active attitude of using and appreciating available communication and technical resources, the much-needed care and encouragement can be given to those facing loss, anywhere at anytime.