## Managing bereavement when a family member dies in an aged care home: the impact of COVID-19

To the Editor: Despite death being common in aged care, bereavement support for family and others is not part of care. In contrast, palliative care inherently extends to the patient's family members, including after death.<sup>2</sup>

Coronavirus disease 2019 (COVID-19)-related deaths in aged care have left many families bereft. This is a consequence of forced separation in the final stage of life, the family member being transferred to an acute hospital, the question of whether the patient died alone, and limitations on traditional rituals and practices surrounding funerals.3,

Like many community palliative care services, Melbourne City Mission's Palliative Care (MCMPC) services have a well established aged care consultative team that provides advice on complex

end-of-life issues. At the beginning of the COVID-19 pandemic, MCMPC started to receive referrals for bereavement support — rapid referrals for residents in aged care facilities in the terminal phase of illness to speak with their families both before and after the patient's death. Examples of catastrophic grief resulting from the COVID-19-related deaths in aged care facilities overseas prompted MCMPC's preparation to respond to traumatised relatives.<sup>5</sup>

This work simply involved a phone call to families after the patient's death. What was heard was sobering, summed up by one family member as "it was not meant to be this way". Families expressed disappointment that the resident had contracted COVID-19, stating they should have been safe in their home. The bereaved spoke of their enormous loss, having not been able to be with their loved one, in some cases, for a period of over 7 months.

While most families were realistic about the frailty of their family member, they also said that "it was not their time,"

that COVID-19 unfairly changed the trajectory of how they expected their last days or months to go.

Palliative care has much in common with aged care, notably the care of patients who are facing the final stage of their life. For staff it has been important to give each bereaved person a chance to capture their individual story, to give identity to the person who died, so they are not just another of the many deaths in aged care. In validating family members' experiences, this simple phone intervention may mitigate poor bereavement outcomes<sup>5</sup> by providing a space to honour their loss.

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## Letters

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