

emergency cases. Proper staff training, open communication, and ensuring adequate supplies and facilities can make staff in an institution feel part of the system.

Testing times like these call for a lot of effort at a personal level from the HCPs. These may include stress adaptation and change management strategies, openness to learn and contribute, and a high state of accountability and responsibility. This would also require moving out of routines and comfort zones and moving into an unknown, uncertain realm.

In summary, humankind is capable of amazing resilience, and healthcare is not an exception to it, albeit with support from the governmental, institutional, and societal systems. None of the strategies can exist in isolation; each one must turn to be the “Cape of Good Hope” through collaboration by giving priority to society.


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COVID-19 and Right to Die With Dignity: Time to Re-Evaluate Policies Over the Practice of Last Rites?

Sir,
The ongoing COVID-19 pandemic is not just an unprecedented healthcare crisis; it is also rapidly becoming a social, economic, humanitarian, and human rights crisis. Healthcare for dying patients has been distorted in several ways; these include extreme restrictions in visitation policies and practices that deny dying patients a final opportunity to physically meet their loved ones and bid goodbye.

To compound matters, the stigma surrounding COVID deaths has meant that families often have to prune or even forego death-related rituals; instead, in several nations, the state has had to take over the responsibilities of conducting the last rites of the deceased. However, with the rising number of case fatalities, one must legitimately worry if the state has the resources to deal with this issue effectively. Global reports about mass burials and dead bodies being thrown cursorily into burial pits support these concerns.^{1,2} The right to a dignified burial extends from the right to a dignified death.³

To avoid these infractions of the fundamental right to die with dignity and given

the scarce evidence for transmission of COVID-19 from dead bodies of confirmed or suspected cases, both national⁴ and international⁵ guidelines have advocated including the family members in the last rites of patients, albeit minus the traditional rituals of hugging, touching, and kissing the bodies. However, these are the very rituals that provide a sense of closure to the family members, and depriving them of a final opportunity to touch their loved ones may distort the process of grief and increase the risk of a range of psychiatric morbidities, such as depression, anxiety, suicidal risks, and post-traumatic stress disorders.⁶ In the long run, feelings of guilt and shame may ensue and the society may also

criticize them; this compromises their right to live with dignity.

Furthermore, there have been instances where family members have refused to take the body and perform the last rites or burial. This may be due to two reasons: first, the family members may fear contracting the infection and the consequent stigma and ostracization; second, there may be practical difficulties in following the recommendations on dead-body management, such as the requirement of a grave of a specific depth⁷ or a lack of adequate land parcels to bury the deceased, in view of overflowing cemeteries. The latter has led to measures such as cremation of all dead bodies irrespective of the religion or community of the deceased, which has hurt religious sentiments.⁸ This points to a gap between policy and implementation.



These issues highlight the need for adequate pre-funeral counseling for the family members that is geared toward dispelling myths and misconceptions around handling bodies of victims; this will facilitate an informed decision about their participation in funeral rites. In turn, this will allow for healthier grieving and reduce adverse psychological fallouts among those bereaved. During this counseling, the family members can be given the option to exercise their right to conduct the funeral rites of the deceased. If they decide to proceed, they can be asked to carry out the funeral rites following all the necessary safety

protocols, such as wearing protective gear and observing post-rites quarantine; this information should be disseminated and emphasized at the community level using various media platforms.

To sum up, policies over performing the last rites of the deceased during the pandemic merit a reevaluation. Optimal family involvement in decision making on funeral rites and adequate pre-funeral counseling for the bereaved can help in this regard.

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