

Principle of Practice

Assess for Unfinished Business

In the context of the Coronavirus pandemic, nearly every death that occurs in hospital will occur in isolation, as families are unable to attend to their loved ones through simple presence at their bedside, holding their hands, kissing their cheek, or simply "being there" to support them in their possible healing or transition. Moreover, the segregation of families and patients needed to protect vulnerable patients, hospital staff and indeed families themselves from viral infection renders nearly impossible the sharing of stories, tearful proclamation of love, addressing and resolving past hurts, extending or receiving of forgiveness, and other intimate conversation that affirms, strengthens, or untangles bonds at the end of life and beyond. Instead, patients receiving treatment for all conditions, not merely COVID-19, will likely die alone, as families will commonly feel marginalized or ignored by overwhelmed medical staff, and will at best be attempting to maintain some thinned out form of contact through their mobile phones if patients or staff can arrange an occasional, typically brief call. All of these conditions, as well as concurrent stressors for families in their own lives occasioned by the pandemic virtually guarantee that much will remain unspoken and unresolved at the end of life, and many mourners will struggle with insidious guilt for having "abandoned" their loved ones at a crucial moment, and again as a consequence of mandated social distancing policies, may not even have the comfort of a traditional religious service, funeral, or memorial service.

Practitioners working with families with a member in palliative care, hospice, or other critical care environments can encourage "conversations that matter" even when these must be technologically mediated with the patient or indeed between family members sheltering in their respective homes. In bereavement care, sensitive attention to the two major types of unfinished business - unspoken affirmations and unresolved conflict - can begin with systematic assessment using the Unfinished Business in Bereavement Scale (see PI online program When Grief Goes Viral for more details), or simply through empathic probes about what clients wish they had said or done while their loved one was still living. This then can suggest a focus for intervention using Correspondence with the Deceased, Imaginal Conversations, Rituals of Remembrance, Legacy Projects and numerous other interventions that actively work with the continuing bond of relevant emotion that links the living to those they have loved and lost.

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