

Social distancing and dying alone

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The COVID-19 pandemic has led to drastic changes in how hospitals provide end-of-life care to patients and their families. With strict no-visiting limitations in place in an effort to stem contagion, patients have been dying alone.

Extraordinary circumstances require extraordinary problem solving. The pandemic is an opportunity for clinicians to think differently and consider a decision-making framework that minimizes infection risk, honors patient/[family relationships](#), upholds culturally important rituals of dying, and mitigates potential psychological harm precipitated by the trauma of [family](#) separation.

In an editorial in the journal *Intensive Care Medicine*, researchers suggest an alternative pathway to patients dying alone in a hospital. They advocate that infection control, public health concerns, and family-centered care can coexist and urge reconsideration of adult family member presence at the bedside of patients during COVID-19.

"With careful screening, education, pragmatic psychosocially oriented facilitation, and teamwork, we can accommodate the very real needs of patients to not be alone, for families to fulfill their

sense of responsibility and duty, and for staff to uphold the tenets of family-centered care," writes Martha A. Q. Curley, Ph.D., RN, FAAN, Professor of Nursing at the University of Pennsylvania School of Nursing (Penn Nursing), one of the editorial's authors. "Dying alone, despite adhering to social distancing, should not be part of dying at all."

The editorial, "Alone, the Hardest Part," is available online. Coauthors of the editorial include Elizabeth Broden, Penn Nursing Ph.D. Student, and Elaine Meyer from the Center for Bioethics, Harvard Medical School.

More information: Martha A. Q. Curley et al. Alone, the hardest part, *Intensive Care Medicine* (2020). [DOI: 10.1007/s00134-020-06145-9](https://doi.org/10.1007/s00134-020-06145-9)

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