Palliative and Supportive Care

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Caring with compassion during COVID-19

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Essay/Personal Reflection

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Among the many challenges related to the current SARS-CoV-2 pandemic, an unprecedented one is the strict isolation experienced by patients admitted to the hospitals, with the impossibility to receive visits from their family members. This causes an additional suffering for the patients and their loved ones, and it is also an issue for health professionals, who often feel the frustration related to the difficulties in ensuring a compassionate care for the people they assist (Wakam et al., 2020).

To try and mitigate these concerns, we have organized a support service for the about 350 patients admitted to our tertiary adult hospital for the management of SARS-CoV2 pneumonia. We are a group of medical doctors from different clinical backgrounds; at the peak of the current SARS-CoV-2 pandemic in our country, we started to round on the different COVID-units and spend time with the patients, particularly with the ones that seem to suffer the most from the forced isolation. Moreover, the hospital administration provided us with 10 electronic tablets to facilitate the communications by video calls between the patients and their families.

It is impossible to forget the question received on the first day of this service from a Charge Nurse. She asked if we had come to provide psychological support also to her nursing team. This quickly made us realize the deep scars of frontline health workers who have been catapulted into a dramatic situation, with literally no time for a debriefing or for that the minimal level of self-care which is needed to decrease the risk of burnout (Reith, 2018).

We have (re)learned how important, for our patients, are the many little things that we are used to forget or overlook in our busy clinical routines. A truth-grounded reassurance, whenever possible. An encouragement given wholeheartedly, without rushing. Or the simple fact of being there, listening to the pain, and having empathy whenever answers are lacking. Like the many times when the patients talked about other family members who died a few days or weeks before.

We also realized the importance of being present and of service even when the frustration of being unable to provide an effective treatment would make us run away. For instance, when the family of a dying 75-year-old man asked if we could let them see their loved one by video call for the last time. Knowing that this patient was on palliative sedation, we tried, first, to lessen their expectable shock by explaining that he would not be able to answer back. While holding the tablet amidst so much suffering, we felt extremely uncomfortable and yet we were sure to be in the right place. We were providing compassionate care, which is something far beyond the medical outcome.

The impact of an effective patient–doctor communication also emerged as crucial. This became clear to us when we were excited to connect with his family a 55-year-old who had just come back extubated from the intensive care unit. What we considered a great success and a joy turned out to be a source of anxiety for that family. In fact, we should not have presumed them to know the effects of a severe post-intensive care syndrome (PICS) (Rawal et al., 2017; Inoue et al., 2019). A subsequent debriefing by phone was helpful to properly address their concerns. Thankfully, this man is now about to be discharged. The same thing can indeed look very different depending on the perspective we choose.

Caring with compassion for us also means to train oneself to anticipate unexpressed needs. This became evident when finishing a difficult video call between an exhausted, tearful 60-year-old lady and her son. Her neighbor in the room was an 80-year-old lady who remained silent; we realized she had not seen her family for 3 weeks because she was not at ease with technology. Her joy was explosive when she was able to communicate again with her two sons.

In conclusion, our experience during this emergency underlines the importance of empathy in the relationship with our patients. Today more than ever, we are convinced that our motive, as healthcare providers, must be deeply rooted in compassion.

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