

# Online Group Bereavement Care transforms feelings of trepidation, uncertainty, fear and loneliness into consolation, affirmation and community.



## Online Group Bereavement Care in the time of COVID-19

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### PRESENTED TOPIC

#### Delivering Palliative Care Through Telehealth

#### CASE STUDY

The case focuses on bereavement care for a social worker (SW) of a Foundation that provides community-based Palliative and Hospice care, who lost her mother from Stage 4 cancer, during the time of COVID-19. The pandemic brought unprecedented change in how everyone lived and grieved. Aside from the Philippine government declaring an enhanced community quarantine (ECQ) that brought almost all aspects of life to a standstill, it also imposed that confirmed and suspected COVID-19 cases should be cremated or buried within 12 hours after death. The SW's experience did not prepare her for this imposition. All her preparations turned into instability, and the inevitable happened - her mother passed away within the ECQ period. Her family and friends were not given the opportunity to give their final respects through the honored Filipino tradition of *'lamay'*-a funeral wake. *'Lamay'* and *'lamayan'* are closely related to the Tagalog words *damay* (to console) and *damayan* (express, give sympathy). With this, the TRF staff organized an Online Group Bereavement Care session for their bereaved colleague and their insights were documented.

### RESULTS

- Before the session the bereaved expressed feelings of mixed emotions with fear of being unsure of what to say.
- During the session the attendees experienced being at ease because they felt they were able to comfort the bereaved by their presence, be it virtual.
- After the session the bereaved shared "their words of sympathy made me feel that I'm not alone in what I am going through. They may not be physically present but virtually they were able to be with me in my grief for which I am grateful. Amidst my loneliness I felt consoled after the online wake."
- Suggestions from those who were in attendance:
  - + Before the session, be clear about the objective of the meeting. It should be focused on giving comfort
  - + Identify the participants. Ideally they should have a relationship with the bereaved. best to not exceed 10 participants.
  - + Identify a facilitator. This person will start, facilitate, and wrap-up the session.
  - + Ideally the session should not go longer than 1.5 hours. Inform the bereaved how long the session will be.
  - + Mention to put their microphones on MUTE when they join the session.
- + Ask them to be in a place where there are no distractions,
- + As much as possible, allow the bereaved to talk and express her experiences, thoughts, and feelings. Allow him/her to cry.
- + All participants should listen to the bereaved. Out of respect, no separate discussions should occur.
- + One or two participants may ask the bereaved how he/she feels.
- + As much as possible, no participant should leave the meeting unless necessary.
- + The facilitator should be aware of the time and should know when to wrap up.
- + Assess what was done well, what can be improved, and what could be done differently.



**THE RUTH FOUNDATION**  
for Palliative and Hospice Care



The Ruth Foundation for Palliative and Hospice Care (TRF) was formed in 2012 for the primary purpose of providing community based opportunities for service in the care of the home bound elderly and those with life-limiting illness along side education and training in Palliative and Hospice Care, for nurses, volunteers and other community-based health professionals. For more information visit [ruth.ph](http://ruth.ph).