Short Communication

The COVID-19 Pandemic and Family-Centered Care During the COVID-19

Maira Fava

Department of Internal Medicine, Gambela University, Gambella, Ethiopia

INTRODUCTION

The covid 19 is responsible for the many deaths across the world according to the World Health Organization [1]. Maintaining a bond is the only care that can be given to the terminal patients who wish to bid farewell. The hospitals and clinics respect the rights of both families and patients to communicate before the patient is in the critical condition. Most of the patients spend their most time at the time of being cured by clinical staff and health care workers. Some facilities treating patients with COVID-19 have official visits of relatives to terminal patients since the start of the health crisis. rejection of the right to be close to respected ones in their last stage due to bans on hospital visits expose families to considerable psychological suffering, which while potentially avoidable, could likely contribute to pathological grief caused by the traumatic separation. Protecting the population during the COVID-19 outbreak also means protecting the patients' relatives from the psychological effects of the pandemic as much as possible. Periods of crises, disasters, and epidemics expose populations to an increased risk of depression, suicide attempts, and posttraumatic stress disorder [2].

The anthropologists consider the funeral rituals as the fundamental for the development of culture for the humanity [3]. Family support is more, not less, vital during crisis. However, during the COVID-19 pandemic, maintaining community safety necessitates restrict the physical presence of family for hospitalized patients. In response, health systems must quickly adapt family-centric procedures and tools to get around restrictions on physical presence. Strategies for maintaining family integrity must recognize clinicians limited time and attention to devote to learning new skills.

Internet-based solutions can make easy the routine, predictable, and structured communication, which is central to family-centered care. But the reliance on technology may compromise patient privacy and exacerbate racial, socioeconomic, and geographic disparities for populations that lack access to reliable internet access, devices, or technological literacy. We provide a toolbox of strategies for supporting family-centered inpatient care during physical distancing responsive to the current clinical climate. Innovations in the implementation of family involvement during hospitalizations may lead to long-term progress in the delivery of family-centered care.

REFERENCES

1. Coronavirus disease (COVID-19) Situation Report—136. World Health Organization 2020.

2. Douglas PK, Douglas DB, Harrigan DC. Preparing for pandemic influenza and its aftermath: mental health issues considered. Int J Emerg Ment Health. 2009;11(3):137-144.

3. Albert JP. Les rites funéraires. Approches anthropologiques. Les Cahiers de la Faculté de Théologie [The Journal of the Faculty of Theology]. 1999;141-152.