No time to say goodbye: 'good' and 'bad' deaths in the pandemic

COVID has deprived people of a 'good death' and disrupted rituals, mourning and funerals. **Nikita Simpson (LSE)** *says Britain now needs to prioritise the million people bereaved by the virus.*

The excess and untimely deaths caused by COVID-19 have thrown the question of good and bad death into sharp relief. These fatalities exemplify 'bad deaths': marked by physical discomfort, difficulty breathing, social isolation, psychological distress, lack of preparation, being treated without respect or dignity, the receipt of unwanted medical interventions or being deprived of treatments desired. Pandemic control measures restricting access to hospitals and funerals have prevented patients with conditions other than COVID from undergoing a normal dying process.

Yet the question of how communities have responded to bad deaths with adapted processes of mourning is largely under-researched. What counts as a 'good death' or a 'bad death' for any given community has been explored extensively in anthropological research. This research works from the premise that death is both an instantaneous, biological end of life in the individual body and a social process of emotions and activities that severs the ties linking the deceased to the living.

Across cultures, a 'good death' might involve a dignified and pain-free death, a moral obligation from the living to care for the body, a period marked by rites enabling the deceased to transition away from the world, or the placing of remains in an appropriate way. As such, death is a critical event within kinship networks. The living are unable to return to their lives, and social order cannot be restored, until an obligation is observed to death through the proper ritual acts.

Photo: dave patten via a CC-BY-NC-SA 2.0 licence

The handling and memorialisation of dead bodies are often most distressing in cases where they are considered not to happen properly. If the proper rites are not performed, the dead may remain both vulnerable themselves and dangerous to the living. A bad death, hence, is one where the appropriate process is not followed, and where the deceased is not given the dignity she is due by the bereaved. Many examples of this have been documented, including in contexts of untimely death, where bodies are absent, deprived of proper rites, or have to be disinterred. When excess death is caused by temporary or chronic disease, it also produce the conditions for 'bad death'.

Excess death has been normalised in public discourse as the crisis has prolonged

In the UK, as of 6 June 2021, 127,840 deaths have occurred within 28 days of a receiving a positive COVID test. Recent research in the US suggests that every COVID death leaves nine bereaved kin, translating in the UK to over one million bereaved. Yet over the course of the pandemic, the public conversation surrounding mortality from COVID, as propelled by both UK government and media coverage, has diminished. Despite data that suggests that excess death has occurred since 18 March 2020, it has been normalised in public discourse as the crisis has prolonged. There is a lack of nuance in the presentation of death and grief in the media, and a tension between sensationalist accounts, and discourse which attempts to mitigate the threat of disease.

In the UK, mortality has affected minority groups – such as the Bangladeshi and Pakistani communities, and deprived communities – differently, and been reported differently. The fact that such excess death has occurred disproportionately exacerbates the feeling that some lives are worth more than others – producing new social divides and forms of distrust in government.

The challenge of how to build an infrastructure where communities are able to mourn those who have died a 'bad death' while limiting the spread of COVID has been as a social problem. In the first weeks of the pandemic, the families of the dying were prevented from entering intensive care units or accessing bodies immediately after death, and restrictions were placed on funerals. Such stipulations prevented the customary practices prior to death, in saying goodbye, funerary rituals or mourning, causing significant distress. Restricted grieving processes have been compounded by an erosion of social support, including social isolation, financial precarity, uncertainty and lack of routine. Mourners and community leaders have, however, expressed creativity and flexibility in adapting ceremonies and mitigating distress.

Those who have died during this pandemic should be prioritised as a matter of national and community importance. Providing financial and psychosocial support to the bereaved is crucial, particularly in minority communities who have seen high mortality rates. Community recovery and trauma management in the coming years depends on such efforts to facilitate an honourable legacy for those who have died from COVID. These insights should be institutionalised to avoid missteps and collective pain in future crises.

This is an edited extract from Simpson N, Angland M, Bhogal JK, et al: 'Good' and 'Bad' deaths during the COVID-19 pandemic: insights from a rapid qualitative study. BMJ Global Health 2021; 6: e005509. The research was conducted by members of the Covid and Care Research Group, led by Laura Bear: Michael Angland, Jaskiran K Bhogal, Rebecca E Bowers, Fenella Cannell, Katy Gardner, Anishka Gheewala Lohiya, Deborah James, Naseem Jivraj, Insa Koch, Megan Laws, Jonah Lipton, Nicholas J Long, Jordan Vieira, Connor Watt, Catherine Whittle and Teodor Zidaru-Bărbulescu.

It represents the views of the author and not those of the COVID-19 blog, nor LSE.>