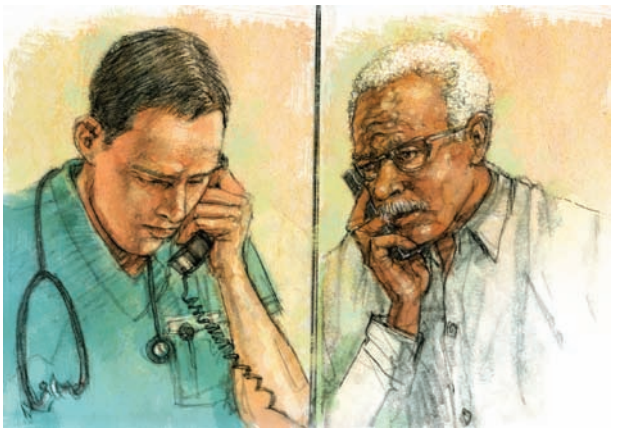
By Kristopher J. Jackson, MSN, ACNPC-AG, CCRN



Lost and Found in the Bronx

As dying alone became the norm during the pandemic, nurses kept family connection alive.

I stood in a somber, windowless space that—under normal circumstances—would serve as the hospital's postanesthesia care unit. Comprising a dozen or so little compartments, this area is normally meant to house patients briefly in the hours following surgery. But on this spring day in the Bronx, none of the 15-plus patients in this space were recovering from surgery. Instead, each had been diagnosed with COVID-19. Because of a shortage of critical care beds, these patients lay intubated and sedated on stretchers attached to ventilators and IV pumps, all beeping and alarming asynchronously in this large, open room. I finished my assessment of an elderly woman with advanced dementia who had just been transferred from one of the units for respiratory distress. Her respirations were fast and shallow; she looked tired. Enfeebled, she lay on a hospital stretcher, mumbling between each labored breath: "No, no, no, no . . ."

She undoubtedly needed to be intubated, but the fear in her eyes told me that she didn't want to spend several weeks on a ventilator. Unsure what to do, I called her husband. "Good afternoon, is this Mr. Smith? I am calling to give you an update about your wife's condition. I am sorry to say that she's requiring more oxygen and having more difficulty breathing—"

Before I could say another word, Mr. Smith cut me off. "I'm so happy you called. I've been so worried. I brought my wife to a hospital in Queens on Thursday night and I hadn't heard from anyone since. But, wait—you're telling me she's in the Bronx now?" As his tone seemed to shift from gratitude to anger as this fact sunk in, I looked at the date on the computer screen in front of me. It was Tuesday. Behind my mask, I cringed. Mr. Smith continued, "I didn't know if she was alive or dead!"

After agreeing that she would not want to be intubated and acknowledging how frail and ill she had become, he fell quiet. All at once, the magnitude of our exchange seemed to set in, and he began to cry quietly. "I'm not going to be able to be with her when she dies, am I?" he said. With a pit in my stomach, I tried my best to explain to this stranger, a man I would never meet, why he could not be at his wife's side during her final hours.

I have made hundreds of calls like this in my career in the ICU, but the overwhelming abjectness of this particular exchange stood out from the others. Never before had I sat in a hospital stretched so thin or in a community so ravaged by disease and veiled in despair. Never before had I called a man who had sat at home for nearly five days wondering if his wife was alive, all the while subjected to continuous media footage showcasing refrigerated trucks serving as temporary morgues across New York City. For nearly five days, this man not only failed to receive a single update about his wife's condition, but no one caring for his wife even told him that she had been transferred between hospitals.

My two-week tenure as a volunteer in the Bronx brought many experiences similar to the story of Mr. and Mrs. Smith. Patients were transferred between overburdened hospitals in the dark of night, their families unaware of where their loved one was hospitalized or if their loved one was alive. Many patients died without any known next of kin to call.

Watching a patient die without a family member present is among the most heartbreaking moments a clinician can experience. As a result of COVID-19, patients have not died alone because a family member couldn't afford to miss another day of work or couldn't find or afford transportation to the hospital. Patients have not died alone because they were estranged from their family or incarcerated. Dying alone during this pandemic has not been reserved for the poor or the forgotten—it has been a reality for nearly all who have died in the hospital during this challenging year.

For nurses working on the front lines during the COVID-19 pandemic, many of our patients have died with only us present. Amid all of our other duties, we have been one of the few channels through which family members and loved ones can communicate their love and well-wishes to a patient. Our dutiful execution of this task has meant, and still means, that our patients are, in fact, not dying alone. While this virus has limited family *presence* in the hospital, it has only magnified the importance of family *involvement*. Often, it only takes a phone call—just ask Mr. Smith. ▼

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