A Grief All Its Own

Mary Blumenfeld

Sidney Kimmel Medical College, Class of 2022; DIMER/Branch Campus Student

On the morning of Friday, March 20, my sister called me to tell me two things. First, our dad was in isolation because he had been in court for two weeks with another lawyer who had just tested positive for COVID-19. Second, our mom was at Wilmington Hospital, but don't worry, it wasn't COVID.

I sent messages to a few of my closest friends that I was somewhat worried about my dad having been exposed because, at 67, he was in an at-risk age group. They all responded with optimistic support: "I'm sure he's going to be okay!" I hadn't even mentioned my mom being in the hospital because it didn't seem like a big deal, relatively speaking. She'd been to the hospital numerous times in the past several years and it always turned out to be "nothing," so to speak. But on Saturday morning, my sister called me again. My sister never calls me, so seeing her name light up on my phone two days in a row was cause for alarm. I braced myself for what was inevitably going to be an update about our dad that I didn't want to hear, that he had tested positive and was having trouble breathing.

"Mar, so I just talked to Mom's doctor at the hospital. She's in pretty bad shape. He thinks there's a good chance she's not going to make it." *What? Why are we talking about Mom? I thought Dad was the one we were supposed to be worrying about.*

When I called the hospital, my mom's doctor confirmed that things were not looking good.

"Unfortunately, we can't allow any visitors in the hospital right now." *Excuse me? My mom is literally about to die and I can't see her?* "If things continue to go downhill, we will allow you to come in to say your goodbyes, but we can only let one visitor in the hospital at a time."

I asked him how long he thought she had left. I was in Center City Philadelphia; I didn't want to be 45 minutes away when I got the call saying it was time, but I couldn't exactly go wait at my dad's house, and I didn't want to go to my sister's house because I didn't want to risk exposing her two young girls.

"Honestly," the doctor said quietly, "I would start driving to Wilmington if I were you."

By the time I got to the hospital, my sister had already been allowed in, which meant my mom's condition had deteriorated. I knocked loudly on the hospital door, noting its unusual locked state, and a man donning a full suit of PPE came outside to ask what I needed.

"My mom. She's sick. I mean, she's not sick, she's dying. I mean, she is sick, but she's also dying." I stopped to try to catch my breath and my thoughts.

"She's in there," I pleaded. "I need to get in there." He asked me if I had been feeling any flulike symptoms or had a sore throat recently.

"No and no."

"Have you had any shortness of breath?" Only because my mom is dying.

"Have you had a fever?"

"No."

"Have you been around anyone with a suspected or confirmed case of COVID in the past 14 days?"

"No."

"Have you been outside the country in the past 14 days?"

"No." He stepped aside to let me in, and I headed straight back to the information desk and told them who I was there to see.

"Have you had any flu-like symptoms?" Seriously? My mom is dying. I didn't develop flu-like symptoms in the three seconds it took me to get from the entrance to this desk.

"No."

"Have you had a sore throat?"

"No."

"Have you had any shortness of breath?"

"No."

"Have you had a fever?"

"No."

"Have you been around anyone with a suspected or confirmed case of COVID in the past 14 days?"

"No."

"Have you been outside the country in the past 14 days?"

"Still no."

"It looks like your mother already has a visitor. I think it's your sister, or maybe her sister. She needs to exit the hospital before we can let you up. You'll need to wait outside away from the entrance, past the walkway." My sister and I wouldn't even both be allowed in the room with our mom in her final moments. How were we supposed to choose which one of us would be with her at the end? Our brothers lived in Minnesota and Arizona; there was no point in them even trying to get home, so at least it was a choice between two rather than four. *What an odd thing to be grateful for*.

Fortunately, my mom's two sisters lived close enough to meet us where we were waiting outside the parking garage, and we all took turns going in and out to be with her. While one of us was in the hospital, the other three shuffled between sitting and standing and pacing in a construction site about 100 yards away from the hospital entrance, careful to maintain six feet between each of us. An awkward triangle desperately wishing to collapse into a single point.

When it was clear that my mom didn't have much time left, the oxygen mask was removed, the morphine drip was started, and the medical team very graciously decided to let all four of us stay in the room with her until the end under the condition that we all maintained an appropriate distance between each other. My mom died early Sunday morning. Against protocol, the four of us were there next to her, and I am so grateful for that. But we didn't get to have a proper funeral

or sit shiva. We still haven't been able to hug each other. My brothers haven't been able to come home. Going through the grieving process in a period of physical and social isolation is a grief all its own.

Through this grief, I learned too well how COVID has the ultimate control, capable of invading not only your respiratory tract but every aspect of your life. Somehow these invisible little particles together formed a colossal barricade against the things we might usually take for granted, still invisible but in no way inconsequential. Physiologically, my mom's death was unrelated to COVID, and yet her death was so intimately tangled with these tiny but formidable particles, a marionette with its strings manipulated by a puppeteer who was both invisible and merciless – an utterly dangerous combination. COVID isn't what killed my mom, but her death is what made COVID a harrowing – and humbling – reality for me.

Since her death, I have found myself progressively unsettled by the ubiquitous term "social distancing." My mom and I had a complicated relationship, as many parents and children do, and I distanced myself from her quite a bit during the last few years of her life. She was already unconscious when I got to the hospital, and I realized it had been over a year since I'd last seen her, but what felt worse was that I hadn't even talked to her since her birthday in November. Truthfully, physical distance often did a lot of good for our relationship, but how hard would it have been to pick up the phone and talk to her for five minutes, even just once a month? I will regret my choice to socially distance myself from her for the rest of my life, so I want to reframe the way I think and talk about the difficult but necessary current distancing practices. We should be distancing ourselves not socially, but physically.

Perhaps it's just a matter of semantics, but the words we choose often have a larger impact on our actions and beliefs than we may think. This is an absolutely critical time to be social. The frenzy around procuring resources and pervasive fear of the unknown have yielded a trend of concern for self over community, which over time will only weaken our ability to fight the virus together. COVID has made room for antisocial and divisive reactions, such as supply hoarding and price gouging, to infiltrate society like opportunistic infections that thrive under conditions of isolation. If we want to make it through this scary and chaotic time, maybe we should focus on the fact that the entire world has a common goal right now. Really, how often is the world united like this? Everyone is anxious, so talk to each other about it. Check in with each other. Use your anxiety as a catalyst for connection rather than conflict. Stick together socially; distance yourselves physically. Write someone a letter, call an old friend, and – please, if you can – call your mom.

Copyright (c) 2020 Delaware Academy of Medicine / Delaware Public Health Association.

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (https://creativecommons.org/licenses/by-nc-nd/4.0/) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.