

## Quality of life and quality of death from COVID-19

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**Abstract:**

With the arrival of SARS-CoV-2 worldwide, there was a change in the way of living and relations among the population, social distancing, and the security measures adopted, personally and collectively, as well as other micro-losses to the that individuals and societies clashed. For instance, the fear of getting sick due to the lack of a specific treatment, the complications after the disease, the high mortality due to COVID-19; the change, or the absence, of farewell rituals for relatives, acquaintances, and friends who have died from the disease; as well as everything that is lived personally in the course of this pathology that still has no end. These are elements that well deserve to be analyzed if we consider the impact they have had on the quality of life and death.

**Keywords:**

*Quality of life, COVID-19, death*

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**Resumen:**

Con la llegada del SARS-CoV-2 a nivel mundial, se presentó una modificación en la forma de vivir y relacionarse entre la población, el distanciamiento social y las medidas de seguridad adoptadas, de manera personal y colectiva, así como otras micropérdidas a las que se enfrentaron los individuos y las sociedades; el temor de enfermarse por la falta de un tratamiento específico, las complicaciones posteriores a la enfermedad, la alta mortalidad a causa del COVID-19; el cambio, o la ausencia, de rituales de despedida de familiares, conocidos y amigos, que fallecieron a causa de la enfermedad; así como todo lo que se vive de manera personal en el transcurrir de esta patología que aún no tiene fin; son elementos que bien merecen ser sujetos de análisis si consideramos el impacto que han tenido en la calidad de vida y muerte.

**Palabras Clave:**

*Calidad de Vida, COVID-19, muerte*

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### INTRODUCTION

Firstly, COVID 19 is an infection caused by the virus of severe acute respiratory syndrome symptoms (SARS-CoV-2). A condition that rapidly has caused a public health problem worldwide.

The development of this disease varies in its effects which can lead to minor symptomatology to causing major cases that could even require hospital management and Intensive Care Unit (ICU), having most of them aftermaths and fatal outcomes. As a result of that, there have been changes in the way of serving patients, as well as the circumstances that lead to death, also the

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the management of the dead bodies, and how rituals of mourning are done (Briceño, León - Rodríguez, Medina, & González-Díaz, 202); that provoke diverse mental health problems.

Therefore, undoubtedly, there is an emotional impact for both the patients and their families but also the professionals in charge. In this situation that in most cases "confinement" has been added, forcing us to do changes in all the fields of our lives. (Lacasta-Reverte, Torrijos, López-Pérez, & Carracedo-Sanchidrián, 2020).

Thus, it is relevant to recognize the way how the perception of people's quality of life is drastically modified, taking into consideration each one of the edges that this illness has brought to humanity. Not only the physical aspect has been affected but also the emotional and social aspects have been impacted.

### **Recognition of damage.**

In the year 2020, there was a change that transcended all people's lives, in a short period, we were not able to live and perform freely in all the different areas of our daily life we used to do. As a consequence, we completely change to isolation and social distancing including the work environment as well as relatives and friends.

If we look back at what happened, it is possible to identify the sudden way in which we lost the freedom to act in what used to be the "normality" of our daily activities; the fear that any person or object entering our homes could pose a risk to our health and family wellbeing became present day by day; social networks and the media became allies to follow up on what was seen as a situation that was becoming more and more distant to end. Additionally, there was an excessive number of cases and deaths as a consequence of this sanitary contingency.

The "new normality", generated by the COVID-19 pandemic, implied adaptations and the adoption of containment guidelines, for instance, the closing of schools and workspaces, which migrated to virtual activities; as well as social distancing and mandatory confinement in general. It is precisely this social isolation that has led to an increase in mental health problems in children, adolescents, adults, and older adults (Ballena, Cabrejos, Dávila, & Gonzales, 2021).

Thus, the quality of life, in the face of this pandemic, was influenced by all of these aspects: abruptly changing the dynamics of daily life; having to stop spending time with family or friends; depending on a mask to do activities outside the home (which has even interfered with the identification of the faces of people who were unknown before the pandemic and who are difficult to recognize without this element) In addition, subjecting oneself to sanitary protocols for entering various spaces, such as taking body temperature (incorrectly taken in

most cases), using antibacterial gel and passing through a sanitizing mat (whose usefulness has been questioned); adapting to technology, through the use of platforms for work meetings, receiving classes and even to get closer to loved ones;

Besides, the economic impact on the family; and, mainly, the enormous fear of the disease, given the possible sequelae and fatal outcome. Which, according to Mora (2021), are considered micro-losses and include:

- Social distancing implied changes in the forms of formal and informal greetings; constant hand washing and the use of antibacterial gel; the use of masks and masks; and other biosecurity measures.
- Limited means of transportation, restrictions on travel within and outside of nations, also the loss of confidence in contact with other people due to fear of disease, contagion, sequelae, and latent death.
- The closing of stores, businesses, and restaurants, as well as shortages and the consequent difficulty in acquiring students and necessities, have temporary and permanent economic effects on different scales, both in the personal and family economy as well as in the community, national and global economies.
- The closing of educational and workspaces, with the confinement of people to their homes, in many cases small, as well as physical isolation, which implied the limitation of contact with loved ones, for instance, friends and people who already lived alone, were even more isolated and even the abandonment of elderly people, based on the argument of taking care of them and not infecting them with the infection.
- The intensification of problems with cohabitants and partners, as a result of the constant friction in the situation of confinement; the maladjustment and adaptation of the restriction of activities to small spaces, such as homes, and the imperative immersion to the use of technologies, to continue with work and education activities, and to social networks.
- The abrupt immersion adaptation to the use of Information and Communication Technologies (ICT) in virtual work. Additionally to the care of children at home and the accompaniment in distance education, through virtual means.
- The closure of social and recreational spaces, places of worship and religious sites, and other spaces for community interaction.
- The problems in receiving medical care, due to the saturation of health services; the hospitalization of a family member or other loved one, the conscious restrictions on visits, and the incidence of death of patients, due to this virus, in isolation.

- The death of a relative or friend, derived from COVID-19, with the impossibility of performing funerals, because of sealing the bodies; with expedited burials without the possibility of performing the rituals or funeral activities, based on the custom of the mourners; which derives in the potential complication of closing cycles.

Situations that may represent a loss for some people, while for others it may not. Furthermore, this depends on life history, resilience, coping and adaptation skills, references, expectations, and parameters, both personal and contextual.

As a result, the pandemic originated by covid-19 influenced the way people lived, bringing uncertainty, altered daily routines, economic deterioration, and social isolation, together with panic buying and an increase in personal protection supplies (such as masks). Therefore, both during and after confinement, the population felt stress, fear, and loneliness, worsening mental health disorders, including anxiety and depression (Ballena, Cabrejos, davila, & Gonzales, 2021).

### **COPING WITH THE DISEASE**

The uncertainty, fear, and restrictions related to the pandemic caused by sars-cov2 have posed significant challenges, especially for people diagnosed with the disease, as they experience an intense level of worry, anxiety, and frustration, due to the fear of losing their lives or even affecting their household economy by becoming unemployed (Rubio, 2020).

At the beginning of this pandemic, the disease itself, represented a critical moment for all those who suffered from it, for the reason that there was no specific treatment available to treat it (and to this day there still is none). Moreover, adding to the growing presence of death notices on social networks and other media, which meant that relatives and close friends were dying, the lethality in the country was not so encouraging, as hospitals were very saturated, and funeral homes had waiting lists.

So what could you expect from such a bleak outlook at the time of being notified as positive for this disease? Undoubtedly, the potential impact of being affected by this virus was very great, since the patients knew that they had to spend at least two weeks in isolation; living with the uncertainty of how their evolution was going to be and that they could suddenly become complicated, up to the point of having to be hospitalized and/or die. In the same way, in this confinement, they also had the anxiety of thinking that they could have infected someone else close to them, feeling the importance of being able to help by fighting for their own life.

In this manner, one of the main factors associated with a poor Quality of Life, in the context of the COVID-19 pandemic, is the alteration of mental health. In addition to this, all the risk factors

can cause the disease to have a greater impact on the health of people with pre-existing pathologies, including smoking, obesity, diabetes, cardiovascular disease, and dementia, among others (Cifuentes-Faura, 2020).

### **QUALITY OF LIFE IN CRITICALLY ILL PATIENTS AND DEATH**

Inevitably, however, the uncertainty experienced by patients who have been hospitalized due to a poor evolution or complications of the COVID-19 disease is unavoidable.

From the moment patients are informed that they have to be admitted to the "COVID area" of a hospital, they know that there is no possibility of being visited by their relatives and that they cannot bring in any type of mobile device or any other object. Consequently, moments of anguish begin for both parties. Both patients and people close to them do not know if this will be the last time they will be together again, since, to date, there is no certainty as to the evolution that will take place within these restricted access areas.

Family members also live moments of anxiety and helplessness from that moment on, since they will depend on the daily phone calls they will receive from the doctors of this service, which will indicate the improvement or complications of this disease, so the hours of waiting seem eternal.

So, unfortunately, many of the cases presented during this contingency ended with a fatal outcome, in which there was no longer any possibility of a farewell, not even awake due to the high health risk for the people who could attend.

This situation triggered a different and unexpected scenario, due to the speed of the events, the unpredictability, and the novelty of the process that needed to be attended immediately. Hence the exceptional situation faced by COVID-19, with consequences for which no one was prepared, neither individually nor societally, since it has changed the way of being and experiencing the world, leading to changes in everyday life, even in culture, rites, ways of dying and saying goodbye to loved ones, without the usual socio-familial support. (Lacasta-Reverte, Torrijos, Lopez-Perez, & Carracedo-Sanchidrian, 2020).

This aspect takes on vital relevance when considering that in every culture there are ways of being and doing concerning death, whose funeral rituals are a cultural element that is difficult to negotiate or modify; because they are rooted in the customs and habits; were not followed them is an affront to the ideology itself, equal to not honoring and not accompanying a loved one in their passage to the afterlife.

Nonetheless, this lethal pandemic has led to isolation and, therefore, has been able to move, from its roots, these cultural elements around death; which even goes beyond the realm of the medical or thanatological, to enter the field of freedom, honor, dignity, personal integrity, respect, self-determination, and autonomy. This is why it is the duty to be the one that claims to be accompanied in this agony of the transition between life and death, which is the result of the pandemic (Lara & Castellanos, 2020).

Alternatively, there are the patients who refused to be intubated, despite being informed that there was no other possibility of management and treatment; in which their life was gradually extinguished. This raises the question of what could be the perception of their existence and what emotions could accompany them until the end.

Likewise, understanding that the Quality of Death is inherent to the Quality of Life, in another scenario we also find ourselves with the Quality of Life perceived by patients who found themselves in critical stages of the disease, many of them with very long stays in COVID areas; fighting, for weeks, between life and death; seeing everyday health professionals with personal protective equipment that prevented a closer and even limiting approach in their physical examination, because these professionals were also afraid of becoming infected, even warning of the importance of physical contact, presence, and an empathetic and reassuring speech in this pandemic situation (Allande, Navarro, & Porcel, 2021).

#### **NOR SHOULD WE FORGET ALL THOSE PATIENTS**

Besides, it is important to highlight the concern and uncertainty that many patients had when they knew that their evolution was not as expected and that the only option left was mechanical ventilatory assistance, from which most of them ended up dying. Among those patients who managed to overcome the severe forms of the disease, some of them with prolonged stays and/or mechanical ventilatory assistance for weeks, there have been countless repercussions that have prevented them from living their lives in a normal way and have even left them with great effects in the mental area, in the medium and long term.

This was the case of patients who developed persistent symptoms, presenting a reduction in Health-Related Quality of Life (HRQoL), which impacted their ability to self-care and perform usual activities, in the months following hospital admission, especially those who were admitted to the Intensive Care Unit (ICU), often finding persistent symptoms which included exertional dyspnea, asthenia, myalgia, hair loss and sleep disturbances (Taboada, 2021).

This fact has been demonstrated by several studies, which conclude that patients who have prolonged stays in these ICUs

present deterioration of HRQOL, up to six months after their discharge, (Iribarren-Diarasari, et al., 2009), due to everything experienced within these areas and the distancing from their daily life.

In all these cases, it is essential to analyze the expected warmth and human sense that health professionals should have shown to patients who, in the initial stages of the pandemic, could have been perceived as "sentenced to death", because of the gloomy outlook and unexpected evolution of the disease.

Lastly, a great concern has been identified among the population for the possible symptoms of long-term COVID-19, recently named "long COVID" (Mahase, 2020); which consists of a heterogeneous entity that may present for 12 weeks or more in 10 to 65% of survivors who suffered mild/moderate COVID-19, and includes post-COVID chronic fatigue syndrome, multiple organ sequelae, and the effects of severe hospitalization/post-critical care syndrome. Where, at six months post-COVID, subjects report an average of 14 persistent symptoms, comprising fatigue, dyspnea, impaired attention, concentration, memory and sleep, anxiety, and depression (the latter two in up to 30% of patients); and the underlying biological mechanisms are unknown, although an abnormal or excessive autoimmune and inflammatory response may play an important role (Carod-Artal, 2021).

#### **CONCLUSION**

Knowledge of the emotional processes that patients and family members of people who have or have had COVID-19 go through are essential for health professionals and their support network.

Taking into account the deontological perspective in the health area, it is essential to provide them with warm and humane treatment. On many occasions, it is enough to maintain eye contact with patients and offer them words of encouragement to convey companionship and a sense of well-being and support.

The same applies to the families of patients who unfortunately lose the battle. For that reason, they should be allowed to say goodbye to them, since this contributes to the elaboration of mourning, closing of cycles, and moving forward.

That is why the medical, emotional, social, and spiritual approach to people who have been direct and indirect victims of this disease will allow them to reinforce a better perception of the quality of life.

It should not be forgotten that each person is going through the winding road of this disease differently, with their characteristics derived from their previous life course and the elements that are present at the time the disease occurs.

## References

- Allande, C., Navarro, N., & Porcel, G. (2021). Humanized care in COVID-19 death: apropos of a case. *Enfermería clínica*, 31, 562-567.
- Ballena, C., Cabrejos, L., Dávila, Y., & Gonzales, C. M. (2021). Impact of COVID-19 confinement on quality of life and mental health. *Revista Del Cuerpo Médico Hospital Nacional Almanzor Aguinaga Asenjo*, 14(1), 87-89.
- Briceno, P., León - Rodríguez, A., Medina, C., & González - Díaz, J. (2020). Annotations on bereavement during the COVID-19 pandemic in Latin America. *Revista Latinoamericana de Psiquiatría*, 01(19), 6-12.
- Carod- Artal, F. (2021). Post-COVID-19 syndrome: epidemiology, diagnostic criteria and pathogenic mechanisms involved. 3(11), 384- 396.
- Cifuentes-Faura, J. (2020). Consequences on Children of the Closing of Schools by Covid-19: The Role of the Government, Teachers, and Parents. *Rev Int Educ Para Justice Soc*, 9(3e), 1-12. <https://revistas.uam.es/riejs/article/viewFile/12216/12089>
- Iribarren-Diarasarri, S., Aizpuru-Barandiaran, F., Muñoz-Martínez, T., Dudagoitia-Otaloea, J., Castañeda-Sáenz, A., Hernández-López, M. & Aretxabala-Kortajarena, N. (2009). Variations in health-related quality of life in critically ill patients. *Med Intensiva*, 33(3), 115-22.
- Lacasta- Reverte, M., Torrijos, Z., López- Pérez, Y., & Carracedo Sanchidrián D, P. M. (2020). Emotional impact on patients and family members during the COVID-19 pandemic. A different kind of grief. *Med Paliat.*, 27(3), 201- 208.
- Lara, R., & Castellanos, S. (August - December 2020). Right to say goodbye, death in solitude, and chronic bereavement in the COVID-19 pandemic. *Publications and Research*, 14(2), 1-11.
- Mahase, E. (2020). Covid-19: What do we know about "long covid"? *BMJ*, Jul(14). <http://dx.doi.org/10.1136/bmj.m2815>.
- Mora, G. (Jan-June 2021). The duels of COVID-19. *Teología Práctica Latinoamericana*, 1(1), 61-80.
- Rubio O, E. A.-R. (October 1, 2020). Ethical recommendations for making difficult decisions in intensive care units in the face of the exceptional crisis due to the COVID-19 pandemic: a rapid review and expert consensus. *Med Intensive Care*, 44(7), 439-445.
- Taboada, M., Rodríguez, N. Díaz-Vieito, M., Domínguez, J., Casal, A., Riveiro, V., Cariñena, A., Moreno, E., Pose, A. Valdés, L., Álvarez, J. & Seoane-Pilladoe, T. (2021). Quality of life and persistent symptoms after hospitalization for COVID-19. Prospective observational study comparing patients with or without ICU discharge. *Revista Española de Anestesiología y Reanimación*, Jun(19). <https://doi.org/10.1016/j.redar.2021.05.009>.