

# The Last Memory - An Incomplete Journey

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**Abstract:** *A final good bye during disease or pandemics are even more distressing as they defy the concepts of an ideal death or perfect death. Family members may not have the opportunity to achieve closure by resolving unfinished business. The pain and guilt of not physically seeing or being with their loved ones during their suffering exacerbates the grief. Furthermore, a lack of social recognition with impaired support system along with the absence of last rites results in a state of disenfranchised grief. This is likely to result in a prolonged grief disorder, a condition which imperils the physical and psychological well-being of an individual. Irrespective of race, religion or culture death is almost universally followed by a funeral service or ritual. Across the globe, communities have developed these rites to enable individuals and families cope and deal with the loss of their loved one. The way in which individuals react to the death of a loved one varies across cultures. The coping mechanisms to this grief however, remain remarkably constant. A funeral ritual allows for a culturally accepted expression of emotions, emphasizing the irreversibility of death. It also initiates the recovery processes of continuity, transition and transformation. Lack of familiarity with cultural and religious practices on the part of personnel involved in dead body management can have serious consequences for the society. This article will aid in understanding the different perspective on management of the dead, and how last rites might be adapted to minimize the possible risk of further infection in relation to the COVID-19 pandemic. The current experience throughout the world has shown the vulnerability of health-care systems is a disaster with mass casualties. Handling the dead without hampering the dignity of the deceased and of the surviving family has become a challenge for all. Before any crisis overwhelms responders and resources, emergency response plans should be established and activated to ensure the reliable identification and documentation of the dead. The current review was carried out to recommend the proper management of dead bodies in the COVID-19 mass disaster with a particular focus on resource-poor countries, such as India.*

**Keywords:** Infectious Disease, Mass Disaster, Public Health System, Death, Pandemic

## I. INTRODUCTION

Rituals are capable of bringing about change and restoring harmony and balance by channeling and expressing emotions, guiding and reinforcing forms of behaviour; and supporting the status quo. Rituals look 'beyond' or outside existence (Maurice Bloch, 1992:4). Rituals have the potential to heal, to maintain life forces and fertility of the earth and ensure the right relationships with the unseen world. Rites of passage are not just circular event but procession dramas, which mark the passing of time and maintain continuity with the past traditions and generations. Rituals try to enact and deal with the most central and basic dilemmas of human existence namely continuity and stability, growth and fertility, mortality and immortality and transcendence. They are fundamental to human culture. They can control, subvert, stabilize, and enhance individuals and groups. In this way the rituals are mediators not only of spiritual experiences but also of social experiences. They help in understanding and interpreting culture (Bowie, 2006:168).

In all the cultures, rituals have a punitive, purificatory, expiatory, cognitive, instructional, therapeutic, and transformative and many other facets, aspects and functions. They have explanatory and interpretative value. Rites and rituals are cultural performances. Human being is a performing individual. Life is both pulsating and rhythmical as well as a combination of breaks and re-unions. Life experiences, which are teeming with cultural symbols, celebrations and other forceful performative genre, are communicated through rites and rituals. All individuals encounter changes in their lives. Every change and event is celebrated. These changes are full of rites and rituals which are impregnated with meaning. Every

culture is unique and has stores of experiences of its rituals, symbols and myths. Every culture relives its experiences again and again in order to be active and alive. It is done by enacting rituals, reciting myths and telling narratives and celebrating events. In this way human beings live and re-live, experience and re-experience the heritage of their culture.

Psychology has long recognized the emotional value and structuring role of rites and rituals in different societies and cultures. Rites comprise a broader category, including rites of passage or healing, while a ritual is a set of gestures and actions that make up the rites. Human rituals are common to all peoples and are symbolic actions, repetitive, standardized, and highly valued behaviors that help individuals to channel emotions, and share beliefs and transmit values. Marking the transience of life, funeral rituals have always been present in history to demarcate a state of mourning, acknowledging the value and importance of those who have passed away, favoring change of roles and allowing the transition of the cycle of life. One should also consider the role funeral rituals play in psychological maturation, as they help individuals to face concrete loss and trigger a grieving process, allowing people to publicly manifest their grief.

A lack of rituals when a physical body parts makes it difficult to psychologically acknowledge the loss. Additionally, sudden and unexpected deaths prevents mourners to prepare themselves to deal with the loss, considering that physical death does not accompany social and psychological death, which may lead people to face difficulties when facing their mourning process. When intense, these barriers may favor the so-called complicated grief, characterized by long-lasting disorganization that makes it difficult or impede psychological reorganization and the resumption of life. There may be also exacerbated symptomatic manifestations, such as an expression of intense feelings, somatization, social isolation, depressive episodes, low self-esteem, self-destructive impulse, frequent thoughts directed to the deceased, inability to accept loss, self-blame, and difficulty imagining a meaningful future without the loved one.

The most profound life cycle rituals are those that mark the end of a life, whether that be a funeral, a burial, a cremation, or a memorial service. Here, COVID-19 pushed us to our limits. Death by COVID-19 changed our rituals profoundly and immediately, depriving the living of any chance to say goodbye or to grieve in traditional ways. With the exception of an acute and unexpected death, such as a heart attack or stroke, family members and close friends are usually at a loved one's side at the time of death, able to stroke a hand or give a last kiss. Not so with COVID-19. Due to the enormously contagious nature of the virus, spouses, children, siblings, and dear friends were forbidden to enter the hospital. Couples married fifty or sixty years were separated in death. Adult children could not say goodbye to parents. Victims of COVID-19 died alone. No family member identifies a body, resulting in a profound ambiguity. And because of the requirements of the shutdown and social distancing, funerals were limited to two to four mourners. Some were too poor to even afford a burial or cremation, their loved one suddenly left to be buried in a Potters field. All of the familiar rituals connected to dying and death, regardless of faith or religious practices, were missing. There would be no wake, no viewing of the body, no sitting, no visiting to bring food and comforting hugs to the grieving, and, perhaps most important, no in-person storytelling of the person's life. Burial practices changed profoundly—there would be no passing of a shovel to pour dirt on a Jewish grave, replaced by throwing a handful of soil, no washing a body as done in Islam and Judaism. Stories of graveside services with a clergy person with no knowledge of the deceased abound. Here the juxtaposition of humor at the obvious mistakes of names and historical facts well known by the family with the unspeakable pain of unanticipated loss wrap around the burial ritual.

Losing a loved one is one of the most difficult things we have to go through in life, even under the best of circumstances. Every culture and community has its own set of rituals to help ease the pain. Hindu beliefs are highly diverse. Rather than one creed or unified system, Hinduism encompasses a vast diversity of religious beliefs and phenomena, encapsulated in scriptures ranging from the earliest Vedas through to the Upanishads, Puranas and epics such as the Mahabharata, Bhagavad Gita and Ramayana. Most Hindus believe that all living creatures have an Atman—variously a soul, self, spirit or essence—which is either one with or distinct from Brahman, variously the supreme soul, essence or first principle of all creation, depending on the school of thought. Though the mind and body are subject to death, the Atman is indestructible and eternal, passing between different beings through reincarnation over many lifetimes. The funeral or Antyesti (literally 'last sacrifice') is the last Samskara (rite of passage) in the Hindu life cycle. It is traditionally arranged as soon as possible, usually within 24 hours of death. In Hinduism, there are mainly three types of funerals: Agni Dah (cremation), Bhu Samadhi (burial), and Jal Samadhi (water burial). Most Hindus cremate their dead, but Sadhus (Hindu saints) and infants are traditionally buried or immersed in the river.

The details of funeral rites vary considerably depending on the school of thought, community, caste, gender and age of the dead, the body is washed by family members, and sometimes close friends. If this is not possible, others may also do so.

The body is then dressed in simple clothing and adorned with marks of the family and community. Since the dead body is regarded as impure, extreme care is taken by all mourners to otherwise avoid unnecessary touching of the body, which is considered an act of disrespect

At the funeral ceremony itself, the body is covered with flowers, a lamp lit near the head, incense burnt, and water sprinkled on the body during the ceremony. The body is carried on a bamboo stretcher or by vehicle to the place of cremation, whether an open-air cremation ground (traditionally on the banks of a sacred river), crematorium or funeral home. Those who attend the cremation, and are therefore exposed to the dead body or cremation smoke, wash as soon as possible after the cremation, since the cremation ritual is considered unclean and polluting. On the third day after the cremation, the ashes of the deceased are collected and scattered in a river, the sea or another place of importance for the deceased or their family.

The nature and sheer scale of the current coronavirus (COVID-19) pandemic, however, has created a number of questions, challenges for Muslim communities around the globe. According to Islamic tradition, the burial of a deceased person is a collective obligation (farḍ kifāyah) by the Muslim community. This obligation consists of ghusl, ritual washing of dead bodies, kafan, or shrouding the body with pieces of cloth and finally salat al-janazah, a funeral prayer.

Muslims believe that, the lives of body handlers and rest of the community must not be endangered. The protection of life (hifz al-nafs) is the first of the five ultimate objectives of Islamic law (maqāṣid al-sharī'ah) and therefore overrides any other Islamic obligations. It is therefore of paramount importance to keep in mind, as discussed below, that determining the Islamic position on any of these three Islamic burial laws for the victims of COVID-19 is dependent on the available medical evidence of how such a practice could put a life at risk. According to Islamic burial rituals, the dignity of the dead and the emotions of their loved ones are to be respected as much as is practically possible in extraordinary situations such as armed conflicts, epidemics, disasters or other catastrophes.

Christian respond by including some beliefs that the pandemic is not merely extraordinary but apocalyptic. Such beliefs may appear in all or most other religious groups, although a serious conviction that apocalyptic change is imminent may be confined to a minority of individuals within any faith tradition.

They believe in the Book of Revelation has deployed to account for world events in terms of the 'end times'. While there is disagreement among scholars as to how the text is to be interpreted, the book spans three genres: Epistolary, the apocalyptic, and the prophetic. Many have taken the text as a literal description of the end times while others have used it as a revelation of divine will. Revelation describes four horsemen of the Apocalypse who appear when the seven seals are opened. The first symbolizes Christ. The second represents war and bloodshed. The third is identified with famine, and the fourth is associated with pestilence and death. Some Christians claim that COVID-19 is proof that the plagues of the book of Revelation, and more specifically, the seven Seals of Revelation 6:1–8:1, are occurring now and Jesus' return is imminent. For them, Revelation has indeed predicted the COVID-19 pandemic. Corona has been associated with the fourth horseman.

Christians believe that for nation shall rise against nation, and kingdom against kingdom: and there shall be famines, and pestilences, and earthquakes, in diverse places. Ezekiel 38:22 – 'I will plead against him with pestilence and the blood'.

Coronavirus disease 2019 (COVID-19) is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), classified under hazard group-3 (HG3) pathogen by the Advisory Committee on Dangerous Pathogens (ACDP). Person-to-person transmission of SARS-CoV- 2/COVID-19 occurs by means of direct contact or through virus-laden droplets generated through coughing and sneezing of the infected person. As of now, long-distance transmission through the air is unlikely. The virus is highly stable on different surfaces, and is highly infectious.

Regarding the case fatality rate of COVID-19, although mortality is higher among elderly individuals with co-morbid conditions, it can kill healthy adults too. Moreover, the synergistic effect of transmissibility and the case fatality rate can make COVID-19 a once-in-a-century pandemic with the highest number of deaths reported. Health systems are trying hard to increase the survival rate, but death seems inevitable at certain instances. Health systems, worldwide, may not be able to handle such a high death rate in a short time, and this situation may be compounded in resource-poor countries, such as India.

Current evidence suggests no risk of transmission of infection from a dead body infected with COVID-19. However, the natural history of the COVID-19 is unknown and unfolds with time, creating doubts on such claims. The current pandemic of COVID-19 has turned into a mass disaster situation of biological origin. The morgues are overwhelmed with the sudden rise in the number of dead bodies without any disposal plan in place. Near and dear ones of those who are deceased are unwilling to handle dead bodies due to the inherent fear of contracting the disease. Such circumstances can make the current

pandemic like any natural environmental disaster where the dead bodies are buried in mass graves with little record of who died, how they died, and where the bodies were disposed of. Moreover, failure to maintain a proper record can also hinder the contact tracing of COVID-19. In addition, not knowing the place of disposal could be further devastating for emotionally suffering family members of the decedents.

This pandemic is a disaster with mass casualties. Even those countries, where mass disasters are less frequent, are overwhelmed with pandemic deaths. Before any crisis overwhelms responders and resources, emergency response plans should be established and activated to institute proper sanitation measures while handling the dead bodies for storage, preprocessing before handing them over to transport facility, and for their cremation or burial. The process for obtaining death certificates, death registration, and burial permits should be facilitated. Such preparedness will help to avoid undignified death management.

A rite of passage is a ritual event that marks a person's progress from one status to another. Rites of passage are often ceremonies surrounding events such as other milestones within puberty, coming of age, marriage and death. Initiation ceremonies such as baptism, confirmation are considered important rites of passage for people of their respective religions. Rites of passage show anthropologists what social hierarchies, values and beliefs are important in specific cultures. The concept of rites of passage as a general theory of socialization was first formally enunciated by Arnold van Gennep in his book *The Rites of Passage* to denote rituals marking the transitional phase between childhood and full inclusion into a tribe or social group. Gennep's work exercised a deep impact on anthropological thought.

Rites of passage have three phases: separation, transition, and reincorporation, as van Gennep described. "I propose to call the rites of separation from a previous world, preliminary rites, those executed during the transitional stage liminal (or threshold) rites, and the ceremonies of incorporation into the new world postliminal rites."

One needs to recommend the proper management of dead bodies, including recommendations on prevention of infection, respect of religious beliefs of the deceased, storage and transport of the dead bodies, and management of resources, in a possible COVID-19 mass disaster scenario in resource-poor countries, such as India.

The rationale behind strict guidelines were among others factors, a high case fatality rate observed in those who had prolonged contact with the corpse. Funerals also posed a substantial risk for transmission due to other reasons. First, an increased viral load was noted in the non-survivors more so during the terminal stages of the disease and this intuitively translated to a higher risk of transmission. Second, traditional practices across cultures included close contact with the body including washing and other preparations for public display. This meant that there was a prolonged period of contact of individuals with the corpse. Lastly, it is customary for these last rites to be well attended by family, friends and people within the community. Attendance was usually important to demonstrate deference and to establish socio-political and financial rights. These attendees could then establish new chains of transmission, leading to an unchecked transmission of the virus.

While statistics on the number of deceased are readily available during an epidemic, the grief of a loved one remains intangible. Moreover, with the pandemic continuing unabated and due to the purported contagious nature of the virus, hospital rules prohibit family's access to the deceased. For those dying in overwhelmed facilities, bodies may not be treated with the dignity they would ordinarily receive. With beleaguered staff quickly making beds available for new patients, dead bodies may end up being piled in corridors or trucks and disposed of without the family getting to see them. The WHO and Governments have placed restrictions on performance of last rites based on previous experience with highly communicable fatal diseases. Main highlights of the guidelines include rules for removal of the body from the isolation area, handling of dead body in the mortuary and at the crematorium/burial ground. There is also a wide variation in the actual enforcement of these regulations. In the majority of cases, there is a tendency towards a much stricter enforcement of isolation procedures denying the relatives any form of closure. Some countries have laid down stringent guidelines which extend beyond the simple concept of controlling the spread of infection. Government dictates that all COVID-19 deaths be compulsorily cremated irrespective to the caste they belong. Online memorial services, virtual support groups, telephonic grief counselling and other innovations may provide short-term bereavement support for survivors of COVID-19 deaths. While pragmatic, these may not be the most durable long-term models of helping people cope with bereavement. Moreover, the opportunity to respect cultures, traditions and the need to provide comfort to those left behind remain incomplete.

## **II. MANAGEMENT OF THE BODIES**

Dead bodies are generally noninfectious except such as viral hemorrhagic fever, hepatitis-B acquired immunodeficiency

syndrome, tuberculosis or rabies. However, if the lung tissue of COVID-19 deceased persons is handled improperly it can be infectious, as virulence and duration of survival in the dead body is not yet entirely understood, more precautions may be taken to prevent further spread during handling of dead bodies.

National and international organizations/governments have been formulating different guidelines about the management of dead bodies according to the local context. According to the WHO, these cases should be managed on a case-by-case basis. It should be a balance between the rights of the family to perform the last rites and the risk of exposure to infection. The current guidelines say: Children, geriatrics of more than 60 years of age, and the immune-compromised person should avoid coming in contact with the deceased having COVID-19 infection; embalming and autopsy are not recommended; closing off all the natural orifices and iatrogenic wounds of the dead bodies with cotton balls soaked with 1% hypochlorite while shifting the dead bodies from the hospital; packing of the body in a puncture-proof body bag with sensitization; cremation is not necessary; it is a matter of cultural choice and available resources; hand hygiene, social distancing, and contact precaution are always required during the whole process; and, ensure that the hospital personnel who are going to deal with the dead body should be equipped with appropriate PPE, including face shield and goggles.

These guidelines are meant for all the countries worldwide. Developed countries with their ample resources can easily follow it. On the other hand, in resource-poor countries usually untrained or minimally trained hospital staff or morgue staff handles dead bodies. Hence, proper training of these staff in dealing with the dead bodies should be the first priority. Additionally, adequate supplies of personal protective equipment (PPE) for body handlers and puncture-proof body bags for packaging and transportation of dead bodies are also a challenge in resource-poor countries, especially in a possible scenario of mass disaster.

### **III. MASS FATALITIES**

Current international experience shows the vulnerability of the health-care system of developed nations, and of developing nations, such as India, to the pandemic. India's health-care systems can handle the current situation, but they should prepare for higher case fatality rates by instituting appropriate management of the dead and adequate infection prevention measures that are sensitive to the dignity of the deceased persons and their surviving family. Recommendations or guidelines should be available to follow during mass disaster scenarios. Considering the limited resources within the country, the recommendations or guidelines should consider elimination of disease, understanding and respecting religious belief patterns, mortuary, and freezer for the corpse, management of resources- embalming / preserving and funeral services

#### **3.1 Elimination of the Disease**

Essential matters before disposal of the corpse is the identification of the body. One needs to control and eliminate the disease. In this respect, maintenance of personal hygiene by all persons involved in the direct or indirect handling of dead bodies, disinfection of the dead body with chlorine-based solution, keeping of the body in a puncture-proof body bag, minimal direct contact with the body, proper use of PPE by individuals who come in contact with the decedent whether they are in the hospital or outside the hospital, and cremation or burial in airtight boxes. However, availability of trained staff for handling the corpse and availability of logistics such as hand hygiene- chemicals used for sanitization measures, proper donning of PPE before handling of the dead body, avoidance of sharps injury, and proper doffing after handling of the dead body and puncture-proof bags for dead bodies, are the major concerns in resource-poor countries.

#### **3.2 Understanding and Respecting the Religious Belief Patterns**

Post-mortem studies have shown only autopsied lung tissue and any aerosolized bodily fluid to contain the infective particles. Currently, indications based on old experiences with other highly communicable diseases like Ebola and Marburg virus have been used to define the radical and stringent means of deceased disposal. In this context, there exists important differences between pandemic deaths and other communicable diseases which need to be understood properly. Most of the pandemic deaths are due a deregulated immune system rather than a direct cytopathic effect of the virus. Most of those dying also spend a considerable time in hospital before succumbing and it may even be longer from the onset of symptoms. This would mean that they might not actually harbor viable virus at the time of death. While patients who recover from mild to moderate disease are allowed to return to work after few weeks of onset of illness, the regulations for management of deceased are still stringent, leaving a question which needs to be answered. Do the current deceased management regulations

which are fatal and virulent communicable disease than the other diseases need to be revisited with a fresh perspective? Will this allow for a return from this 'new normal' to the conventional performance of rites? Human resilience in the time of adversity will ultimately help the bereaved cope with grief. However, an objective method to evaluate the need for adopting innovative modes of support need to be assessed before embracing them as a part of the forbearance.

With regard to religious beliefs, there are two basic methods of disposal of bodies that is either cremation or burial. Logically, cremation is a better method in COVID-19 deaths regarding its infectious nature. However, international agencies raised concerns over the cremation of the dead body outside the religious beliefs as it may not help to bring a closure to the family and may also lead to social unrest in some cases. India is a country with various religious belief and should adopt both the methods formulating proper guidelines for each. Every caste / religion have their own ways of performing the last rites for the disposing of the dead, which bring a closure to the dead and the bereaved family

### **3.3 Freezer and Transportation of the Corpse**

Throughout the world, countries facing mass deaths were overwhelmed with the numbers, and their morgue and cemeteries ran out of room. Moreover, the storage of dead bodies in the morgue is not the best practice in COVID-19 death, as infection can spread in no time. Immediate transportation to the cremation or burial sites will prevent the overwhelming of the morgue storage capacity, especially where we have limited morgue capacity to begin with. Therefore, around the clock transportation of dead bodies and identifying additional burial or cremation sites is important along with proper communication and coordination. Designated sites for cremation and burial are of utmost importance to avoid movement of dead bodies from one place to another. During the transit period, that is, from death to cremation, packing of the dead body in disinfected body bags would help to prevent infection, as suggested by the WHO, Ministry of Health and Family Welfare of the Government of India, and other international agencies. Therefore it's important to have proper communication and coordination between hospital staff and other frontline workers who help in moving the corpse from hospital to the cremation site for the last rites. This would avoid or limit the spread of the infection.

### **3.4 Management of Resources**

The worrying scenario is overwhelming demand on limited human and logistics resources at this time. The resources should be properly mobilized to ensure the dignity of deceased persons, respect for the bereaved, and the identification and traceability of deceased persons. All health-care workers to be trained in handling the corpse, including sanitization and packaging, transport facility (stretcher, trolley, etc.) to be earmarked for the dead bodies within the hospital premises, the capacity of cold storage to be increased along with arrangement of temporary refrigerated cabinets such as refrigerated trucks, unnecessary autopsy on COVID-19 death cases to be avoided, alternate transport facility (other than hearse van) to be identified to transport the bodies to the cremation/burial ground, and additional staff to be trained for cremation or burial of the bodies. Identification of bulk suppliers of logistics, such as body bags, mortuary sheets, PPE kits, and sanitizers, is important as well. Therefore it's important to have proper management of resources so that one can avoid or limit the spread of the infection.

## **IV. CONCLUSION**

Various global religious and inter-religious groups have issued guidance, advisory notes, and statements to support the actions and role of religious leaders, faith-based organizations and faith communities during the COVID-19 pandemic. Many of those same groups have contributed to this guidance, through a common acknowledgement that COVID-19 is a global pandemic, affecting all races, ethnicities, and geographic regions that demands a global response. Interfaith collaboration between both majority and minority faiths is crucial, particularly through the sharing of knowledge, resources, and best practices where possible.

The outbreak of the COVID-19 pandemic has meant that last rites have to be accelerated and adapted to minimize the number of people involved, and close contact with the dead body is not possible without personal protective equipment (PPE). This makes it challenging for family and friends of the deceased to cope with their loss. Pandemic COVID-19 is a threat to the whole world. Its transmission, not only from symptomatic patients but also asymptomatic individuals, makes it difficult to prevent the spread of disease. Even though we are in the midst of the crisis, plans must be created to deal with the present as well as future situations, if the condition worsens and overwhelms the capacity of the health-care system.

Even if there is no evidence of the spread of COVID-19 disease from the deceased person, the natural history of the disease continues to unfold and remains unknown. Hence, we must take due care while handling the dead bodies. The grief has become more severe, more painful, and sometimes, even punitive.

Millions of people around the world have experienced the loss of a loved one due to the Coronavirus Disease 2019 (COVID-19) pandemic. Given the restrictive lockdown regulations and stay-at-home orders, most of these individuals did not get a chance to say goodbye to their loved ones, properly to have a funeral/ceremony for their loss or to bury them. As a result, millions of individuals have not experienced a regular grief cycle that enables individuals to rapidly adjust to the situation and recover themselves. In the current scenario dominated by the pandemic, it is significant and stimulating to understand and reflect on the functions and roles of the experiences of faith, particularly the act of elaborating the process of mourning due to COVID-19.

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