Covid-19: Professional performance of the social worker in the communication of death in the hospital environment

Covid-19: Atuação profissional da/o assistente social na comunicação de óbito em âmbito hospitalar

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1 INTRODUCTION

In Brazil, it was evident that the (un)government (2019-2022) tried to minimize the consequences generated by the pandemic. There was no immediate position before the need to take measures to contain the advance of the disease. The scrapping of the Unified Health System - SUS, became even more evident. Social workers and other health professionals ended up being responsible for directing part of the sick and frightened population in face of the possible outcomes that the disease could bring about. The humanitarian crisis that was set in motion affected the whole society, especially those who were already living in a situation of social unprotection.

Some health professionals, besides providing "help" to the population afflicted by the disease, experienced more comprehensively the exploitation and decline of their own professions. Once the demands posed by the public calamity situation went beyond the possibility of each professional segment, in a period when there were still no vaccines.

That said, a state of public calamity in Brazil is officially declared by the federative entity (Federal Government), in the face of situations that can put at risk (on a high scale) the inhabitants of a particular region, or of an entire country. Considering the global scale pandemic of COVID-19, which put the population of the whole world at

health risk, each country experienced it in a different way, in view of its social, cultural, and economic characteristics.

> The pandemic caused by the new coronavirus (Covid-19) that is currently affecting millions of people in the world, with high death rates, including in Brazil, stands out for being the first time in history that such a disease quickly and globally affects significant population parcels in all nations. The speed of its contagion and its high degree of disease and lethality, which exterminates the lives of countless individuals worldwide, unparalleled in history, impress and perplex experts in the field, populations, governments and world institutions (CORREA, 2020 p.1).

While in some countries measures of social distancing, the use of masks, and hygiene orientations for the population have been put in place, in Brazil we have experienced the growth in the number of people who, besides denying the existence of the disease, have not followed the basic hygiene recommendations, thus going against the orientations made by the World Health Organization (WHO).

> In all countries of the planet the pandemic has made clear the deep contradictions of capitalism and in the heart of the system these are expressed in all its depth. But the situation is even more dramatic for those who are the most exploited and oppressed: black men and women and Latin Americans (PINTO; CERQUEIRA, 2020 p.45).

It is notorious that such negationist action was instigated by the actions of the President of the Republic (elected for the 2019-2022 term), who encouraged the Brazilian population to maintain behaviors that put their own health condition at risk. Matos (2020) describes this behavior, by listing how the speeches of the President of the Republic disqualified the potential of the virus. Such posture, which was widely supported by businessmen in the country, made clear the unconcern about the possibility of illness and death of the working class.

> Under the discourse that the economy cannot stop, the president's speeches express, once again, his neo-fascist character, by treating as more important the possibility of working class contingent deaths, in detriment of the maintenance of capital profits (MATOS, 2020, p.2).

Thus, considering this panorama of the predominance of the perverse side of the capitalist system, it is observable an exorbitant increase in the monetary value of hospital inputs, monetary decrease in wages, increase in the value of food inputs, demarcating once again how much the capitalist system has the ability to profit, even in the most inhospitable moments for the populations, especially those living on the margins of society. "The pandemic of the new coronavirus exposes in many ways the contradiction

between the social relations of production of the capitalist type and the development of the productive forces" (GOUVEA, 2020 p.21).

According to Antunes (2020), the Covid-19 pandemic exhibits all the characteristics of a class, gender, and race pandemic. Although mitigation efforts are conveniently hidden in the rhetoric that 'we are all in this war together. Thus, the pandemic further evidenced the exploitative character of capital, as those with greater economic power were able to more safely dodge the possibilities of contamination, while the working class population risked crowded buses to be able to work and have the possibility of feeding their families.

Thus, the covid-19 pandemic set in motion a humanitarian crisis in the country of great proportion, in which the poor population found itself even more marginalized and the bourgeois class richer.

Thus, in this article, it will be listed how COVID-19 evidenced the dehumanizing bias of capitalism, in which the concern with the means of production and with production itself were more important than life, thus the generation of profit was/is more important than the social welfare of the population, especially those who are in a situation of social unprotection. Therefore, it is denoted the professional work of the Social Worker facing the hospital demands, focusing on the communication of death.

2 OBJECTIVE

The objective is to contribute to the theoretical discussion on the importance of the professional work of the Social Worker in times of public calamity, highlighting the importance of the profession in hospital settings, a socio-occupational space where it is possible to identify the refractions of the social issue, characterized in the form of poverty, hunger, negligence, violence, state abandonment, and finally the concretion of social unprotection.

3 METHODOLOGY

The present article is a brief theoretical analysis of the professional work of the Social Worker in hospital settings, with reference to the period when the covid-19 pandemic began in Brazil. Matos' article "A pandemia of the coronavirus (COVID-19) and the work of social workers in health" was used as the main reference of analysis, which is in consonance with the proposed theme of analysis. Furthermore, an experience report is presented, regarding the participation of the Social Worker in the process of

communication of death in a hospital unit, which occurred in the year 2020, due to the COVID-19 pandemic.

4 THE IMPACT OF THE PANDEMIC ON SOCIAL WORKERS IN HEALTH

Due to the slow progress of Brazil, in the face of the crisis instigated by the Covid-19 Pandemic, health professionals (front line) went through the frenzy of acting for the first time in the face of a pandemic that made clear the scrapping of Brazilian public health. According to Pinto and Cerqueira (2020 p.50) in Brazil, even with the inert federal government or even working for the uncontrolled spread of COVID-19, the Unified Health System - SUS and the Unified System of Social Assistance - SUAS, have played a key role in serving the population, even in precarious conditions and at the cost of the lives of many health professionals.

> In the pandemic context, health care workers have faced the deepening of job insecurity with issues that emerge and/or become more acute in the process of combating Covid-19. Workers who are quantitatively insufficient, with precarious jobs and subjected to work processes that produce suffering, begin to live with acute problems, among which the following stand out increased insufficiency of professionals due to sick leave and death; intensification of work and longer working hours; absence, insufficiency, or low quality of PPE to protect against the coronavirus; lack of training to care for people with Covid-19 and training for the proper use and disposal of PPE; problems in organizing the physical space for the flow of users; insufficient testing of workers on leave with symptoms compatible with Covid-19; absence or low assurance of workers' rights, such as paid leave when necessary; non-compliance with the recommendations of health authorities for the protection of workers with increased risk conditions and protection of family members; entry of newly graduated workers and anticipated graduation, especially of doctors and nurses, with little experience and difficulties in performing on-the-job mentoring; irregularity in the payment of resident scholarships and the wages of outsourced workers; among others (MOROSINI; CHINELLI; CARNEIRO, 2020 p.99-100).

These professionals needed to review their work processes in order to continue providing care to patients/health service users, while at the same time trying to safeguard their own lives and health. After all, due to the spread of the SARS-CoV-2 virus, large-scale deaths occurred, which tested the physical and mental efforts of the professionals in question to the maximum.

To the Social Worker, as a health professional, it was no different. Such situation required a new way to meet and analyze the demands of the population assisted in the health units, since such professional follow-up, as well as the others in the health area were called to compose a task force, on behalf of the population, "[...] are summoned,

something that we colloquially call task force. It is foreseen even in Codes of Ethics, as in article 3, item d, of the Code of Ethics of the Social Worker" (MATOS, 2020 p.3).

It is clear that the challenges were also new, being requested at the moment of public calamity, conducts that go against the attributions of the Social Worker. In the face of this, the Federal Council of Social Service - CFESS and the Regional Council of Social Service - CRESS (from each region of the country) acted in consonance with the professionals, in a way to articulate so that the professional work of the category would not be affected in great magnitude.

However, there have been several attempts to mischaracterize the Social Service in the hospital environment. The Brazilian Ministry of Health itself, when releasing on March 23, 2020 the 1st edition of the document "Management of bodies in the context of the new coronavirus COVID-19", listed on page 13, that the Social Service performs administrative services, when describing recommendations on how the Social Service should perform "Administrative Procedures". The following recommendation also occurred:

> We recommend that the communication of the death be made to family members, friends and guardians, preferably by psychosocial care and/or social assistance teams. This includes assistance in communicating the procedures for saying goodbye to the deceased (BRASIL, 2020 p.6).

In view of such recommendation, the incorrect use of the term "Social Assistance" was observed, since it refers to public policy. Besides also describing that the Social Service performs "Administrative Procedures", such description is completely erroneous, since the professional work of the Social Worker is based on a critical social analysis, always guided by the profession's ethical-political project. It is noteworthy that it is not the Social Worker's professional attribution to perform "Administrative Procedures", nor is it the Social Worker's attribution to perform the notification of death, since this procedure is the responsibility of the doctor who verified it. It is the right of the family and/or guardians to be informed in an appropriate manner of the circumstances under which the death occurred.

The Social Service already faces difficulties in various socio-occupational spaces to delimit their attributions, such difficulties were increased before such recommendations, since erroneous recommendations bring misunderstandings of professional practice, thus opening gaps for institutions to demand Social Workers to do tasks that mischaracterize the profession. Thus, due to such recommendations, on March

31, 2020, the CFESS released the Normative Guideline 3/2020, in which it again states and guides that it is not the Social Worker's responsibility to communicate death.

Still, in the "Parameters for the Action of Social Workers in Health Policy" published by the CFESS in 2010, it already contains the orientation that death notification is not a professional attribution of the Social Worker, since such actions remove from the family the right to understand what in fact caused the death of their loved one and such doubts can only be answered by a health professional who has such professional qualification. Therefore, the doctor. "Even in a situation of calamity, of a pandemic, one cannot endorse the speech that everyone should do everything" (MATOS, 2020 p.3).

5 SOCIAL WORK AND COMMUNICATION OF DEATH - INTERFACES AND DILEMMAS

Death communications for some professionals is the most difficult moment in professional healthcare work. It is when the team is faced with the great dilemma of life, death. Facing this inevitable moment for every living being brings up dilemmas about the finitude of life, thus proving to be a complex process. It is not possible to say that one "gets used to death", but it can be argued that it is possible to learn to contextualize the end of the life cycle.

There is a different outcome to each treatment, some of which are full of sadness and others are full of suffering, as in the cases of death. To health professionals, sometimes there is the frustration of impotence in the face of life and death, and at other times the fullness of knowing that everything possible was done. In these moments, the Social Worker, as a professional and connector of the several subjects involved in this process, has the function of welcoming, directing and guiding the families about the procedures that involve the post-death process and the rights of these family members.

From the perspective of the Social Service, the communication of death should be carried out preferably in an appropriate room, accompanied by the responsible physician and psychologist, in order to provide the family with all the support to receive and understand the news, which may be the most painful news ever received. In a moment like this it is necessary to have an understanding of the attributions of each professional, so that each one, within their own knowledge, can contribute to mitigate as much as possible the pain that such news will inflict on the family.

During the pandemic of COVID-19, such communications, which were already difficult to be made, doubled in complexity due to the large number of daily deaths and

the great stress that this caused to the population in general. Fear reigned, especially among health professionals, who worked in a period when there were no vaccines, but who worked with fear of being the next to get sick and die.

There were many losses, whether in the family, friends, or co-workers, living with this fear daily at work was not easy, and still is not. To see so much pain, suffering, and many times even disregard from the public entities, brought about questions. Are we going in the right direction? Are we doing everything possible? We are still waiting for answers to these questions and the others that have arisen over the past two years.

Thus, considering the dilemmas described above, it is necessary to understand how the communication of death should be performed. Communication itself is variable, it is not performed only verbally, the gestures and expressions often say more than the words themselves. That said, many times the way the health professional will behave before the patient's relatives will indicate how this news will be received, even silence has an important meaning.

Thus, regardless of what may have caused the patient's death, the level of knowledge of professionals about the family, the bond built during the hospitalization process, will be paramount for this family in the grieving process. After all, to know and recognize the other's pain, to respect it, to welcome this pain, is the main thing during a death report.

The Social Worker, as a multidimensional professional, is responsible for understanding and analyzing the social, cultural and economic context in which the users are directly or indirectly inserted. By understanding such social dynamics, it is possible, after comprehensive analysis, to propose paths to the users assisted in health services.

This process is accompanied by several professionals, who use the various phases of interdisciplinary work to get to know the users in their entirety. That is, to understand the reasons that led them to enter the health unit and their life history and possible diseases. After all, to treat the "disease" it is necessary to identify what caused it, and many times the cause is not clear, requiring a complex understanding of the historical process in which each person is inserted.

Thus, this experience report aims to present the obstacles encountered by the Social Service in the hospital environment, in the year 2020, with regard to the process of reporting death and also emphasize the importance of knowing the social and cultural aspects of each patient and family, at the time when mourning for the loss of a loved one begins. However, an experience report should be methodologically related to a theoretical

reference, with the purpose of generating theoretical reflection about the reported experience.

That said, the report is the result of the professional experience of the author in a municipal Urgency and Emergency Hospital, located in the city of Itumbiara, south of the state of Goiás. It will describe the importance of Social Work in the process of understanding the families in the face of the loss of a loved one.

Facing the uncertainties brought by the pandemic, it has become increasingly evident how necessary the multiprofessional team is in the care and welcoming of patients and family members in the hospital environment. During the year 2020, it was observed that along with the diagnosis of covid-19, the patient brought with him a whole economic and social history that had been aggravated by the pandemic. Families that already lived in a situation of social unprotection became even more fragile when they were affected by a disease that until then had no vaccines to prevent it, or even an exponential understanding of its magnitude.

Poverty, hunger, unemployment, violence, associated with early and sudden death, generated a disastrous scenario in people's lives. In a period of isolation and social distancing, the hospital health units received several users and their families who found themselves diagnosed with covid-19. As previously stated, the social and economic situation was evidenced in this period, numerous were the reports of patients who were unemployed, with scarce access to food, medicine, and in some cases basic sanitation.

One of the most striking cases was one of the first covid-19 cases that I attended. The patient was a male between 30 and 40 years old, living in another municipality, and had children (children), wife, mother, father, siblings. A family that was extremely participative (to the extent allowed), in the hospitalization process.

After a month of hospitalization, the patient in question needed to go through an intubation procedure; he was welcomed by the whole team. Because he was allocated a bed with glass door isolation, the Social Service contacted the family, and they went to the unit and were informed by the doctor that intubation was inevitable. Faced with such a situation, the multidisciplinary team promoted, in a humanized way and within the norms to avoid new contaminations, a moment between family and patient, so that they could see each other (even at a distance) before the procedure was performed. That moment was a farewell, not to life, but to the uncertainty of that family's future. After all, the pandemic was just beginning, and it was not known for sure how the disease would unfold and what the consequences would be.

Thus, about two months later, the patient died. The family was informed of the death by the doctor and oriented about their rights by the social worker. At that moment, when the family finds itself in the impossibility of a wake, in the impossibility of a farewell, is when the most dehumanizing character of covid-19 appears. And, along with the pain of loss, come the socio-economic difficulties that make it impossible for families to afford the transfer and burial procedures. It is in this moment of pain that the Social Service intervenes in order to make it possible for the families to have access to their social rights.

In this way, Covid-19 establishes a context of vulnerability that, associated with sudden death, brings about the need for a humanized professional performance, in which social intervention is based on making rights possible, especially those related to eventual benefits.

That being said, after the death, it was analyzed and identified which interfaces the family will need monitoring, so that there is the overcoming of the loss of the family member and the overcoming of the poverty situation that may arise due to the death of the family member. And at this conjuncture the Social Service shows itself as an important profession, which acts directly in favor of overcoming poverty and for the autonomy of the assisted population.

6 CONCLUDING REMARKS

The covid-19 pandemic, in addition to highlighting the precariousness and exploitation arising from the capitalist mode of production, has intensified the ways of exploiting the worker. Considering the Brazilian reality, the actions of the (un)government corroborated so that the population was/is increasingly in a situation of social unprotection, in addition to intensifying the difficulties of health professionals, through the challenge of serving the sick population in a national scenario of dismantling and denial of the disease (from the President of the Republic himself).

Regarding Social Service, there have been several actions by the Ministry of Health itself that have disqualified the professional work of Social Workers. The lack of knowledge of public and private institutions about the attributions and competencies of the professionals in question has generated in the health sphere the need for the working class to position itself again, in the sense of defending not only the rights of the users assisted, but also the rights of the Social Workers.

However, it is notorious that regardless of the social-occupational space, Social Workers will always have to define what their professional attributions and competences are, since public institutions are not always clear about what is or is not professional competence, as was the example of the document on body management, created by the Ministry of Health. Thus, it is up to Social Workers, together with the Social Service Councils, the task of explaining in several professional performance spaces what are, in fact, professional demands and attributions.

REFERENCES

ANTUNES, Ricardo. Coronavírus [recurso eletrônico] : o trabalho sob fogo cruzado / Ricardo Antunes. - 1. ed. - São Paulo: Boitempo, 2020. Acessado em: 27/10/2022.

BRASIL. Decreto Nº 10.593, DE 24 De Dezembro DE 2020**. Brasília, 2020. Disponível em:** http://www.planalto.gov.br/ccivil_03/_Ato2019-2022/2020/Decreto/D10593.htm#art44**. Acessado em: 12 de junho de 2022.**

BRASIL. Manejo de corpos no contexto do novo coronavírus COVID-19. Brasília, 2020. Disponível:<https://www.saude.sc.gov.br/coronavirus/arquivos/manejo_corpos_coronavirus_versao1_25mar20_rev3.pdf>. Acessado em: 15 de junho de 2022.

CFESS, Conselho Federal de Serviço Social. Orientação Normativa n. 3/2020. 2020. Disponível em: http://www.cfess.org.br/arquivos/OrientacaoNormat32020.pdf. Acessado em: 15 de junho de 2022.

CÔRREA, Valcionir. O impacto global da pandemia: a humanidade diante de uma bifurcação social. 2020. Disponível em: https://lefis.paginas.ufsc.br/files/2020/10/O-impacto-global-da-pandemia-bifurca%C3%A7%C3%A3o-social-1.pdf. Acessado em: 20/08/2022.

GÔUVEA, Marina Machado. A culpa da crise não é do vírus. In. Em tempos de pandemia: propostas para defesa da vida e de direitos sociais. Organizadores: Elaine Moreira, Rachel Gouveia ...[et al]. – Rio de Janeiro: UFRJ. 2020. Disponível em: http://www.cress-es.org.br/wp-content/uploads/2020/05/1_5028797681548394620.pdf. Acessado em: 20/08/2022.

MATOS, Maurílio Castro de. A pandemia do coronavírus (COVID-19) e o trabalho de assistentes sociais na saúde. In: CRESS-16ª região. 2020. Disponível em: http://www.cress16.org.br/admin/wp-content/uploads/2020/04/Artigo-A pandemiadocoronavirusCOVID19eotrabalhodeassistentessociaisnasaude2.pdf. Acessado em: 12 de Junho de 2022.

MOROSINI, Márcia Valéria G. C. ; CHINELLI, Filippina; CARNEIRO, Carla Cabral G. Coronavírus e crise socio sanitária: a radicalização da precarização do trabalho no SUS. In. CRISE E PANDEMIA: quando a exceção é regra geral. Rio de Janeiro. 2020. Disponível em: http://www.epsjv.fiocruz.br/sites/default/files/crise_e_pandemia.pdf. Acessado em: 24 de Junho de 2022.

PINTO, Marina Barbosa ; CERQUEIRA, Augusto Santiago. Reflexões sobre a pandemia da COVID-19 e o capitalismo. 2020. In. Revista Libertas, Juiz de Fora, v.20, n.1, p. 38-52,jan. / jun. 2020. Disponível em: https://periodicos.ufjf.br/index.php/libertas/article/view/30485/20618. Acessado em: 24 de Junho de 2022.