Coping during Covid
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The specific stresses and psychological challenges of working in palliative care have been widely reported in the literature (c.f. Ablett and Jones, 2007). Cicely Saunders spoke about palliative care taking the approach that everyone "matters to the end of life", acknowledging that our work is one of care and compassion to help our patients "not only die peacefully but to live until they die". Although with the potential of being incredibly rewarding, the emotional labour can often leave us feeling powerless and exhausted, giving us cause for reflection on our lives and mortality.

Since I first began to work in palliative care when I was training as a Clinical Psychologist, I have seen the transformative power that acknowledging our mortality can have on our identity, self-efficacy and ability to empathise with others (see Yalom, 2008). More recently I've been cheered by the work of our Newcastle colleague Dr Kathryn Mannix, who has used her retirement to write about palliative care and to campaign on the need for conversations about death and dying to be more visible in our society.

Covid-19 and Palliative Care

Since COVID-19's arrival on the scene, we've watched our media try to grapple with the reality of death in a way we hadn't seen before. Working in palliative care, I wondered if we might have felt somehow better equipped to deal with this oncoming sadness than most. After all, we had long ago accepted that there are diseases without a cure…right?

It's clear this pandemic presents unique challenges to how we cope. Dr Rachel Clarke has written eloquently about how different this period has been in our healthcare settings, and it is also important to consider how different this has been on a personal level. We've been working at a time when our usual ways of coping haven't been available. Encouraged to leave the house as little as possible, many of us have been separated from the loved ones who keep us going.

Ideas from Acceptance and Commitment Therapy

Russ Harris, a medic and psychological therapist, has looked at how ideas from Acceptance and Commitment Therapy (ACT) can be applied in this situation. ACT is being used increasingly by therapists in palliative care settings. This makes sense. Palliative care accepts that human life is limited, and ACT comes from a position of accepting that the package deal of human life includes not just joy and excitement but also despair and anxiety and that it is often the attempt to rid ourselves of uncomfortable feelings that perpetuates and amplifies our distress.

ACT then is about how we learn to respond flexibly to the challenging thoughts, feelings and experiences that life presents us with. In 'FACE COVID', Russ Harris looks at the ideas from cognitive and behavioural science that can help us do this in these uncertain times.

By helping us to focus on what we *can* control through acknowledging our experiences rather than trying to ignore or discard our thoughts and feelings, and by coming back to stay in the present moment and engaging with what matters to us, we can learn how to take our discomfort with us in the service of living a life according to our values.

By committing ourselves to take action in line with our values, by making room for our thoughts and feelings and asking ourselves how we want to be in the world, we can practice as we preach and recognise that we too matter, in the same way Cicely Saunders spoke about, as do the people we most care about.

I encourage everyone to have a read of Russ Harris' FACE COVID leaflet, available free online, to think about how we can continue to care for ourselves and others whilst helping to reduce the spread of the virus.

Opportunity in Crises

As with all crises, there are opportunities. It is likely we will see economic, social, and political change as a consequence of this moment we are traveling through. Many people will experience grief, loss and difficulties in relationships as direct and indirect effects of this pandemic. Many others will have experienced the care of our NHS and palliative care teams for the first time, and many will have connected to their neighbours and seen how Mutual Aid groups can provide a sense of strength and support during periods of hardship. As this happens, I hold on to the hope that all of us will have an opportunity to pause, reflect and consider what changes we want to see as we all move forward.

References

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