

PERSPECTIVE

PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Medicine and Grief During the COVID-19 Era
The Art of Losing

Amrapali Maitra, MD, PhD

Department of Internal Medicine, Brigham and Women's Hospital, Harvard Medical School, Cambridge, Massachusetts.

In a matter of months, coronavirus 2019 (COVID-19) has transformed not just how we live but also how we leave this world.¹ Physicians and nurses struggle to accompany patients who die alone and support families who cannot follow the usual customs of grief: gathering at hospitals, attending funerals, sitting shiva.²

As a resident physician, I feel unnerved by these challenges. In the poem "One Art,"³ Elizabeth Bishop writes, "The art of losing isn't hard to master." The small losses (like "door keys," "my mother's watch," or "the hour badly spent") are "no disaster." But they give way to greater tragedies. During the long months of COVID-19, our tally of losses has accumulated. First, we lost the intimacy of holding hands or hugging our children after work, fearful of skin teeming with invisible harm. We lost the ability to walk into a patient's room without fretting about the risk hanging in the shared air. And we have lost hundreds of thousands of people to an illness we cannot yet contain.

As an immigrant, I am well practiced in the art of losing. For me, our present uncertainty is intertwined with a history of departures. My parents relinquished the bustling warmth of Kolkata, India, seeking an expanded world of possibilities. I was just a baby. Ten years later, we left the green hills of Wellington, New Zealand, for the flat brush of Houston, Texas. With each flight, I said goodbye to people and places I knew and loved.

Finding strength in one another, my family survived: we adapted to eating new foods, driving on a new side of the road, speaking with a new inflection to our words. There were some goodbyes we could not bring ourselves to say, the dangling ties to our lives back home. *Back home*: even in the phrase we concealed our muffled grief, until home became a concept as unfamiliar as an infant eyeing her shadow.

Newly emigrated and feeling unmoored, I sought solace in the work of medicine. Frank Netter's *Atlas of Human Anatomy* unfolded before me like a map; I exchanged lost towns for new citadels. The cul-de-sac behind our home in Wellington where my sister and I chased sheep was replaced with *valleculea* (the place popcorn gets stuck). Te Whanganui-a-Tara, the harbor stretching along the southern coast, was swapped with the *aorta* (the pulsing central artery). A hemisphere switched for a *hemidiaphragm* (the domed muscle that delivers breath).

Dare I say, I have gotten better at goodbyes over time; I have had the chance, in Bishop's words, to "practice losing farther, losing faster."³ I have been harried by residency training and fallen out of touch with close friends. Abandoned dancing, a passion I once felt down

to my bones. Lost a first patient—heartbreak for a young physician—then a second, and a third.

In the pandemic's wake, I find myself revisiting memories of my most personal losses. When my paternal grandfather, *dada bhai*, abruptly died, I was unable to take leave from medical school in California, so I mourned from afar. He was cremated at the banks of the Hooghly River, a tributary of the holy Ganges that carries souls to eternal life. Over Skype, I watched his body disintegrate to ash on a pyre while a priest shaved my father's head for the last rites.

A few years later, my maternal grandmother, *didi ma*, passed away in her bed. Through FaceTime, I witnessed her expression harden to wax as the color left her face. Mourners streamed through her room, wailing, decorating her body with wreaths of white flowers. Both were losses that I faced at a distance. The membrane between virtual grief and everyday life is thin: beyond the glowing laptop screen that framed the rituals of my grandmother's funeral, a leafy houseplant made mockery of my sorrow and a bowlful of oranges blinked too bright. Far from lost keys or lost continents, the loss of a loved one was gutting, no matter how hard I tried—following Bishop—to avert the pain:

—Even losing you (the joking voice, a gesture I love) I shan't have lied. It's evident the art of losing's not too hard to master though it may look like (*Write it!*) like disaster.³

I would not wish distance grieving on anyone. Physical rituals of mourning promise catharsis: dressing the body, lighting candles, sprinkling dirt on a casket. Yet there are ways to make meaning in this peculiar mode of distanced grief, by participating in a virtual funeral or continuing well-worn customs belatedly or at a different location.⁴ In the Hindu tradition, this involved hosting a *puja* across the ocean, where guests joined my family to sing, pray, light incense, and share sweets.

It was also important for me to develop my own rituals. I ordered kebabs from a takeout counter to savor Kolkata on my tongue. I climbed a mountain to find peace amidst groves of towering redwoods, a place neither grandparent had been. These rituals were intimate. They were mine.

Despite attempts to heal, loss remains a wound, reopening in the strangest places: while drinking an ice-cold soda in Bangladesh during a summer research trip and recalling *didi ma's* voracious appetite for sugar, or on a vacation to Iceland to chase the Northern Lights and suddenly sobbing at the night sky—after many years, feeling the pull of *dada bhai's* spirit.

Corresponding

Author: Amrapali Maitra, MD, PhD, Department of Internal Medicine, Brigham and Women's Hospital, Harvard Medical School, 75 Francis Street, Boston, MA 02115 (amaitra@bwh.harvard.edu).

The pandemic has made us contend with loss in new and unexpected forms. Calling primary care patients for virtual appointments, I walk into sudden eruptions of grief, like minefields—entire families who succumbed to COVID-19 infection, elderly adults confined in isolation and fear, and patients whose treatments for other illnesses have been deferred to disastrous effect. With distance pre-

cluding the comfort of community, we bear witness to these casualties through private rituals, whether a postshift shower to wash away the enormity of pain or a moment of stunned reflection after hanging up the telephone. Ultimately, we must make peace with the volatility of grief and its messy presence. In medicine, the art of losing is still the hardest one to master.

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