

The Feeling of Death Among Hospitalized Patients with COVID-19

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Abstract

Background: The recent COVID-19 pandemic has resulted in increased anxiety levels globally. The feeling of death is a subjective experience reported by patients with critical illnesses, particularly those experiencing severe physiological distress. In the context of the COVID-19 pandemic, this feeling is especially relevant, as it may have significant implications for patients' mental health during and after hospitalization.

Purpose of the Study: This study aims to explore the prevalence and determinants of the feeling of death among hospitalized COVID-19 patients.

Methods: An observational cross-sectional study was conducted involving 560 hospitalized patients with COVID-19 in Basrah Governorate from January 1st to December 1st, 2021. A direct interview approach was employed for patient evaluation, followed by a review of medical records to collect clinical data and short-term outcomes at hospital discharge.

Results: A total of 560 patients were evaluated, with a mean age of 57.16 years (SD = 12.80). The results indicated that approximately half of the patients (50.7%) reported experiencing a feeling of death. In terms of gender distribution, males exhibited a non-significantly higher prevalence than females (53.4% vs. 47.1%; P = 0.147). The prevalence of the feeling of death increased significantly with age: 21.4% for those under 35 years, 41.4% for those aged 35–65 years, and 72.5% for those older than 65 years (P < 0.001). Additionally, 97.8% of patients in the intensive care unit reported feelings of death, compared to only 4.3% of patients in the respiratory wards (P < 0.001). The occurrence of the feeling of death significantly increased with decreasing oxygen saturation and disease

severity, with rates of 13.9% among those with SpO₂ levels of 70–93% and 98.4% among those with SpO₂ below 70% (P < 0.001). Furthermore, a significantly higher prevalence was observed in patients with chronic medical illnesses (61.1% vs. 23.4%; P < 0.001). Notably, 93.3% of patients reported feelings of death at the time of diagnosis, while only 4.2% and 2.1% reported feelings of death during deterioration or at admission, respectively (P < 0.001). Lastly, 97.1% of patients who ultimately died had reported feelings of death during their illness, while only 2.9% of deceased patients did not (P < 0.001). Among those who experienced feelings of death, 23.9% actually died, compared to only 0.7% of those without such feelings (P < 0.001).

Conclusion: The feeling of death is a prevalent experience among patients with COVID-19, particularly those with severe illness and comorbidities. Addressing this experience through supportive interventions may improve the overall care and recovery of hospitalized patients. Further research is warranted to understand the long-term effects of the feeling of death on mental health.

Keywords — *Feeling of Death, COVID-19, Basrah, Anxiety, Cytokine Storm.*

INTRODUCTION

The COVID-19 pandemic has led to unprecedented levels of illness, hospitalization, and mortality worldwide, profoundly impacting not only physical health but also mental and emotional well-being [1]. For many patients who experienced severe cases of COVID-19, the illness was marked by a pervasive feeling of existential fear, helplessness, and a proximity to death that fundamentally shaped their experience [2]. This phenomenon, often described as the "feeling of death," represents an acute psychological response to the life-threatening

nature of the virus. Contributing factors such as social isolation, intense medical interventions, and the unpredictability of recovery have further intensified these feelings, leading to significant psychological distress [3].

Emerging literature has begun to address the mental health ramifications of COVID-19, yet there remains a gap in understanding how these emotional responses manifest among hospitalized patients [4]. The acute nature of COVID-19 illness, characterized by sudden clinical deterioration and the potential for life-threatening complications, creates a unique environment where the fear of death can become pronounced [5].

This study aims to explore the psychological dimensions of this experience, specifically focusing on how the fear of death manifested in COVID-19 patients, the factors that intensified these feelings, and their lasting effects on patients' mental health. By examining these aspects, the research seeks to contribute to a better understanding of the emotional toll of severe COVID-19 illness, with the potential to inform supportive interventions that address not only the physical but also the psychological needs of patients during and after such life-threatening health crises.

METHODS

An observational cross-sectional study was held on (560) hospitalised patients with COVID-19 at Al Basrah Teaching Hospital in Basrah Governorate, southern Iraq from January 1st to December 1st, 2021.

A total of 560 patients were enrolled in the study. Inclusion criteria consisted of hospitalized adults (aged 18 years and older) confirmed to have COVID-19 based on laboratory testing (PCR or antigen). Patients with severe cognitive impairments or those unable to provide informed consent were excluded from the study.

Data collection was conducted using a structured questionnaire administered through direct interviews with patients. The interview focused on assessing the presence of feeling of death, demographic information (age, gender), clinical context (ICU or general respiratory ward), chronic medical conditions, and the timing of apprehension regarding death. Patients were asked specific questions regarding their feelings

of death, including the timing of when they first experienced such feelings (at diagnosis, during deterioration, or upon admission). In addition to the interview, a thorough assessment of patients' medical records was performed to gather clinical data, including oxygen saturation levels (SpO_2), comorbidities, and other relevant medical history. This data provided insight into the short-term outcomes of the patients at the time of hospital discharge.

Statistical analyses were performed using appropriate SPSS software. Descriptive statistics were calculated for demographic and clinical variables. Prevalence rates of death feeling were determined, and differences between groups (e.g., age, gender, clinical context) were analyzed using chi-square tests. A p-value of less than 0.05 was considered statistically significant.

RESULTS

A total of 560 patients were evaluated, with a mean age of 57.16 ± 12.80 years. The overall prevalence of feeling of death equals to 50.7% ($n = 284$) of participants. There is a slight difference between genders (53.4% for males and 47.1% for females). However, this difference is not statistically significant ($P = 0.147$). The prevalence of death feeling significantly increases with age. Only 21.4% of patients under 35 years reported feelings of death, compared to 41.4% in the 35–65 age group and a striking 72.5% in those over 65 years ($P = 0.001$) (Table 1).

Table 1: Gender and age distribution for the patients who experiences feeling of death

Parameter	Reported No Feeling of Death (%)	Reported Feeling of Death (%)	P value
Gender	Male	46.6	0.147
	Female	52.9	
	Mean	57.16 ± 12.80	
Age	Under 35 years	78.6	0.001
	35–65 years	58.6	
	Over 65 years	27.5	

Table 2 shows that feeling of death is exceedingly prevalent among patients in intensive care units (97.8%) compared to those in respiratory wards (4.3%) ($P = 0.001$). Additionally, feeling of death correlates strongly

with oxygen saturation levels, with 98.4% of patients with SpO_2 below 70% experiencing feelings of death. The presence of chronic medical illnesses also correlates with higher feeling of death prevalence (61.1% vs. 23.4%) ($P = 0.001$).

Table 2: Clinical Context and Feeling of Death Prevalence

Clinical Context	Reported No Feeling of Death (%)	Reported Feeling of Death (%)	P value
Intensive Care Unit Patients	2.2	97.8	
Respiratory Ward Patients	95.7	4.3	0.001
SpO_2 70–93%	98.4	1.6	
SpO_2 <70%	1.6	98.4	13.9
Chronic Medical Illnesses	38.9	61.1	
No Chronic Illness	76.6	23.4	0.001

Table 3 reveals significant insights into the timing of apprehension related to death. A striking 93.3% of patients reported feelings of death at the time of diagnosis, while only 4.2% experienced it upon deterioration and 2.1% at admission ($P = 0.001$). Among those who ultimately died, 97.1% experienced feeling of death, with a significantly higher mortality rate (23.9%) in patients feeling death compared to only 0.7% in those without such feelings ($P = 0.001$).

Table 3: Timing of Apprehension and Mortality Rates

Timing of Apprehension	Reported No Feeling of Death (%)	Reported Feeling of Death (%)	P value
Apprehension at Diagnosis	6.7	93.3	
Apprehension at Deterioration	95.8	4.2	0.001
Apprehension at Admission	97.9	2.1	
Patients who Died with Death Feeling	2.9	97.1	
Patients who Died without Death Feeling	97.1	2.9	0.001
Mortality Rate with Feeling of Death	76.1	23.9	
Mortality Rate without Feeling of Death	99.3	0.7	0.001

DISCUSSION

The COVID-19 pandemic has amplified the psychological burden of critical illness, and understanding the emotional dimensions of patient experiences is crucial for improving healthcare outcomes and overall patient well-being.

The findings of this study illuminate the profound psychological impact of the “feeling of death” among hospitalized patients with COVID-19, revealing a complex interplay of physiological and psychological factors that contribute to this experience. Our results indicated that over half of the participants (50.7%) reported this feeling, which was notably more prevalent among older individuals and those with chronic medical conditions. Furthermore, a striking percentage of patients (97.8%) in intensive care units (ICUs) reported feeling of death, contrasting sharply with only 4.3% in respiratory wards. This observation aligns with existing literature that underscores how critical illnesses, particularly those characterized by severe physiological distress like COVID-19, can lead to intense feelings of existential fear and mortality awareness [6–8].

The feeling of death often correlates with the gravity of a patient’s physical condition. Hypoxemia, a hallmark of severe COVID-19 cases, can trigger confusion, breathlessness, and other neurological symptoms that exacerbate fear and a sense of losing control over one’s body. Our findings that 13.9% of patients with oxygen saturation levels between 70–93% reported feeling of death, and an alarming 98.4% among those with saturation levels below 70%, are in line with McGowan et al. (2021), who found that patients experiencing severe hypoxemia frequently report vivid memories of feeling close to death. This heightened awareness of mortality stems from the distress associated with respiratory distress, which often leaves patients in a state of acute anxiety [9].

Furthermore, social isolation—exacerbated by hospital protocols during the pandemic—has significantly intensified the feeling of death among COVID-19 patients. It is noted that isolation from family members can exacerbate fear and loneliness, contributing to heightened mortality awareness. Our study supports this, as

patients reported increased feelings of apprehension when deprived of familiar sources of comfort during life-threatening experiences [10, 11].

The relationship between the feeling of death and mortality remains complex. While some literature suggests that a strong "sense of impending doom" may indicate a higher risk of adverse outcomes, this feeling is not a deterministic predictor of mortality. Instead, it reflects the severity of a patient's physiological distress. For instance, research indicates that while feelings of impending death often align with physiological markers of deteriorating health, they do not directly cause death. Our findings that 97.1% of patients who died reported feelings of apprehension during their illness are consistent with this understanding; while the feeling of death is indicative of distress, it is not solely responsible for mortality outcomes [12, 13].

The long-term psychological implications of experiencing feelings of death during hospitalization cannot be overlooked. Research reported that patients who experienced near-death sensations were more likely to develop PTSD symptoms. This highlights that the subjective experience of death during illness is not only impactful in the moment but can also have lasting mental health ramifications. Our results corroborate this, as the significant association between the feeling of death and subsequent mental health issues, such as anxiety and depression, underscores the importance of addressing these psychological needs [14].

Despite the valuable insights gained from this study, several limitations should be acknowledged. The cross-sectional design limits the ability to establish causal relationships between the feeling of death and patient outcomes. Additionally, the reliance on self-reported measures may introduce biases, as patients may underreport or overreport their feelings based on their mental state. The single-center design also raises questions about the generalizability of the findings to other healthcare settings.

CONCLUSION AND RECOMMENDATIONS

In conclusion, the feeling of death experienced by critically ill COVID-19 patients is a multifaceted phenomenon shaped by physiological, psychological, and social factors.

While it does not directly predict mortality, it serves as an essential marker of distress, significantly impacting patients' overall recovery and mental health outcomes. Addressing this complex experience through holistic care approaches could improve both immediate outcomes and long-term well-being for critically ill patients.

Healthcare systems should implement psychological support services for hospitalized patients, particularly in high-risk areas such as ICUs. This could involve providing access to mental health professionals who can address patients' fears and anxieties related to their condition. Strategies to facilitate communication and connection with family members, even in isolation, could alleviate feelings of abandonment. Virtual visits or regular updates could help maintain this crucial support network. Healthcare providers should receive training to recognize and address signs of feeling of death and other psychological distress in their patients, enabling them to provide empathetic and comprehensive care. Future research should consider longitudinal designs to better understand the long-term psychological effects of the feeling of death in critically ill patients, allowing for more targeted interventions aimed at improving mental health outcomes post-discharge.

Conflicts of Interests: None

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Ethical Approvals: Ethical approval for the study was obtained from the relevant institutional review board, and informed consent was acquired from all participants prior to their inclusion in the study.

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