Visiting Loved Ones in the Era of COVID-19 To Allow Or Not To Allow - That is the Question

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The COVID-19 pandemic has brought numerous challenges to our hospital units (in our case, the ICU): Some expected – such as which antiviral, antimalarial, and anti-inflammatory drugs to use, when to intubate, and how to ventilate? Some less predictable, not even concerning patients with COVID-19 but, in retrospect, possibly equally important.

With so much uncertainty about the spread of disease and concerns about personal protective equipment (PPE) availability, many health care institutions, out of caution, limited non-medically related contact with patients and their caregivers, which frequently included a policy of no hospital visits to patients by family and friends.

Restrictions concerning visits to health care facilities have generated a multitude of emotions and opinions. Those following the news over the last few months have witnessed numerous pictures of people standing outside the doors and windows of health care facilities and doing their best to communicate with their loved ones, the patients, inside a separate room.

Discussions among our colleagues from different institutions and through the feedback received from families led us to understand how the importance of physical contact sometimes superseded the importance of most of the other elements of clinical care we provided.

Against this background, we explored the way people perceive hospital visits in the era of COVID-19 and possible future pandemics. This effort was not designed to find out what is right; we do not have the methods or the data to find an answer to that question. Our goal was to explore what we currently think.

Using the MetaClinician® survey platform, we asked two questions in a survey that was distributed to an interprofessional sample of international work colleagues:

> *Assume your ICU patient does not have COVID-19, but some other patients in the unit do. Many COVID-19 cases originate in health care settings (true). Some families tell us not allowing visits causes suffering (true). How should we behave, and how could we ease the pain during this pandemic or the next? Let's learn from each other. Please provide your ideas in the feedback section.*

The second question was identical, except the hypothetical patient had COVID-19.

The responses included:

> *We should not allow visits to areas with COVID-19 patients.*

> *We should make exception for patients who are very likely to die.*

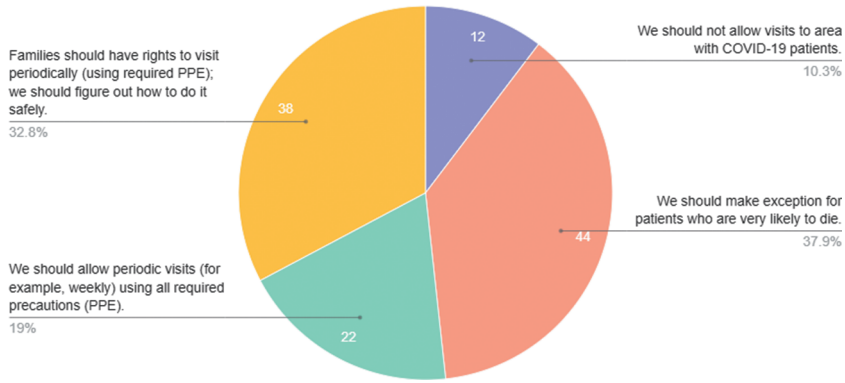
> *We should allow periodic visits (for example, weekly) using all required precautions (PPE).*

> *Families should have the rights to visit periodically (using required PPE); we should figure out how to do it safely.*

Within one week, we received over 100 total responses from nurses (approximately 40%), physicians (approximately 60%), and isolated responses from pharmacists, physiotherapists, and respiratory therapists. Although most responses came from Ontario, clinicians from 6 countries outside of Canada provided input.

The Table 1 depicts the range of responses to our questions concerning visits to ICU patients with COVID-19:

Table 1. Range of Responses



The first observation was that we, as individuals, consider different solutions as appropriate. This is not unexpected, although such differences were observed among physicians in charge of large ICUs and infectious disease specialists. It just reminded us that being aware of our collective opinions decreases the degree of certainty in our own opinions.

Second, we (re)discovered ways that people deal with the problem of communication in the COVID-19 era. Respondents repeatedly mentioned the use of phones, tablets, and computers for communication. In one ICU, a senior medical student was assigned to each patient with COVID-19 for the sole purpose of communicating with families. In another response, the attending physician, after finishing clinical rounds, contacted each family to update them about each patient's status (referred to as "family rounds").

Third, although the interactions were mostly electronic, those respondents to the survey whom we contacted directly consistently highlighted the major emotional impact associated with such communications. This reminded us of an ICU colleague who wrote about his reflections on practice: "*I know that years later, no one—neither family members nor health care providers—will remember how well we managed the blood glucose or ventilator settings. They will remember that we knew their loved one by name and sought to see them as fellow human beings. They will recall that we helped them to experience the final hours on their own terms, and that above all, we truly cared.*" [https://empendium.com/mcmtextbook/potw/173231,publications-of-the-week-october9]

Although this was an exploratory and informal survey, with a convenience sample of clinicians who were mostly from Ontario, we considered these findings important to share, given the extraordinary times we are living through. We invite readers to share their own views, provide comments and feedback (you will be able to do it with MetaClinician®) and, through this compilation of viewpoints, identify potential solutions to help us better care for patients and their families during this pandemic or the next. We invite you to contribute to this QI project accessing http://metaclinician.com/hospitalvisit. Please join us in this venture to share views on practicing during these challenging times.

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