

Visitor Restrictions and Ethical Issues During COVID-19

The Hospice Experience

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Context

- Both in the realm of palliative and hospice care, as well as respecting the ethical principles of autonomy, beneficence, non-maleficence and justice, the mere idea of restricting visitation at end of life for anyone has the possibility of causing the team distress.
- Our Hospice teams pride themselves on our ability to provide holistic care to our residents and support/enhance all aspects of their life in the days and weeks prior to death.
- The world-wide COVID-19 pandemic calls upon us to consider what is best for the greater society over what might be best for an individual. This is supported by Medical Office of Health orders, amendments and exemptions that we legally must also comply with.
- Staff were also worrying about themselves and their families, as well as dealing with changes to the way we worked such as continuous masking.



Collaboration

- As each new change was presented to us, we were grateful to have the support of our executive leadership to be able to talk through the benefits and burdens, as well as the distress that went along with this, in order to make the best decision possible before implementation.
- Every level of the organization was feeling the weight of the decisions, from frontline care providers, to unit, site and corporate leadership. No decision was ever made lightly without hours of discussion and consideration.
- Unit leadership tried to be available to all three shifts, in person, to discuss daily changes, decision-making and answer questions, as we tried to adapt to the continuously changing environment and many unknowns.



In the Beginning...

- The many unknowns about COVID-19 contributed to staff and residents and their families expressing fear and confusion.
- One of our team members noted that families almost seem to be relieved at first, when visitors were not allowed on site. I would echo that the staff also seemed to find some relief from their stress and fear, knowing that they would be coming into contact with less people on a daily basis.
- However, at the same time, staff were distressed by the “rules” that seemed to be completely in opposition to everything hospice care stands for – suddenly, we were without volunteers, animal visits, family support for residents - summed up by one of our RN’s as it “feels like we are just warehousing people”. This brought many of us great sadness.



In the Beginning...

- “The most distressing experience for me as a health care chaplain happened when our Hospice Leadership Team, acting on MOH and AHS orders to restrict visitors. I recall walking a daughter out from her mother’s hospice room to the exit door, informing her of the new visitation restrictions, just as another daughter was walking into the building. All three of us were visibly distressed. I gently placed my arm around the exiting daughter, which was well received, and did not go unnoticed by the arriving daughter. As I write this, I am reminded again of the therapeutic intervention of a drawing near with compassion.
- Best practice during the COVID Pandemic mandates that we draw apart, isolate and restrict visitors which gives way to moral distress as our training, education and certification instructs us to draw near and welcome visitors. The ethical standard of “Do no harm” in relation to visitor restriction certainly minimizes spread of COVID infection, and is understood and supported by Family and Residents. These same families and residents may also feel the existential suffering of having their visits restricted.” - Chaplain Giovanni DiVincenzo



Our New World Order

- In order to offer the best possible care during this time, we began to work diligently at offering and assisting with virtual visits. We also encouraged family to visit at residents windows.
- As restrictions began to lift, we were able to begin booking both indoor and outdoor visits, as well as continue to provide exemptions for residents at end of life or having extraordinary needs we could not meet, such as language and cultural needs.
- This caused further distress in the staff trying to understand the individual decisions being made and how they were fair and just. A lot of energy went into supporting the staff during all of these transition points, ensuring communication, education and discussion was always open and transparent.



Our New World Order

- We also made the decision at Dulcina, that any exceptions to the rules would be decided by the Medical Director and Resident Care Manager, in order to remove that responsibility from the frontline staff. Leadership also tried to be responsible for any difficult conversations with families and residents around the restrictions.
- Some families were very angry, some very understanding and gracious – most fell somewhere on the spectrum between those two. While they understood, like the staff, the legal and public health reasons for the restrictions, they were very conflicted at carrying it out as a reality.
- Also, with each new change, stress levels for all increased and had to be managed in order to preserve our teams' health and the health of our families.



Foyer Lacombe's Unique Experience

- When presented with changes to visitations in hospice, we were faced with several difficult conversations with families and residents. For those who were already in our care, not allowing for visits for their loved ones seemed to be the most difficult. For residents who were often times confused, they could not understand and were unaware of why their families could no longer visit, and their family members struggled with no longer being able to be by their sides.
- A family member reached out to the media on a few occasions and shared their concerns with visitor restrictions. This was the way that was chosen for thoughts to be expressed and although this presented difficulties to manage staff and resident concerns that arose due to this, I think that it is likely how many people felt but simply didn't express openly or in this manner. We can get frustrated by these occurrences and let them upset us in the wake of the storm but what would we really do if we were in their shoes?



Foyer Lacombe's Unique Experience

- This specific situation was followed by heavy decisions and discussions and required great ethical considerations in the care and needs of our hospice residents. We too felt, as staff, the burden of these decisions and although restrictions were difficult to face, we recognized that we also had to consider and advocate for the residents under the same roof who were a part of our LTC and weigh risk and danger the COVID posed and still poses on this high risk group.
- I think that this experience has exposed how deeply this pandemic has affected families and residents. This also brings to light the dilemmas that frontline staff and unit leadership are facing on a daily basis, still providing excellent care to these residents meanwhile mitigating and managing the risks of this virus. Everyone's situation has been so unique and each required its own approach.



The Current Situation

- Staff quote on continuous mask use and compassion being displayed: “Even though I wear a mask and I know they can’t see my smile, I’m sure they can hear it in my voice and see it in my eyes”
- This one quote seems to sum up the stress of current working conditions, the joy of serving our residents and the overwhelming resilience of our teams to keep doing their very best, in spite of any challenges they face.
- Many great lessons have been learned along the way – many which we hope we will never need to employ again in our lifetime. But, thanks to the great collaboration and support of everyone on the Covenant Care team and our families, we will come out the other side, hopefully, with as little bruising and distress as possible.



Thank You!

