

An ethical framework for hospital visitor restrictions in the COVID-19 pandemic

In order to reduce the transmission of COVID-19, health care institutions around the world have implemented **visitor restriction policies**. As with other public health policy responses to COVID-19, these policies prioritise maximising health outcomes for the **entire community over individual patient and family needs**.

Although some limitations on visitors, such as fixed visiting hours, are accepted practice, the extent of these new restrictions is unprecedented. As visitors can play an important and beneficial role in supporting patients through their healthcare journey, restricting visitors has the potential to cause significant harm.

This document outlines ethical considerations relevant to decision-making about visitation during the COVID-19 pandemic. In many contexts, visitor restrictions have been developed by government for application across health services in a particular region. However, there remain significant areas of decision-making discretion for hospital leadership and clinicians:

- Interpretation of government requirements
- Development of local policies at a health service level that are more restrictive than the government requirements
- Application of policy to specific visit requests.

This document aims to support clinicians and hospital leadership when they have some discretion to make decisions about visitor restrictions. The first part of the document articulates the key ethical considerations involved in restricting visitors. The second part outlines the features of an ethical visitor restriction policy. The third part sets out a structure for decision-making in situations where clinicians or organisational decision-makers are considering individual visitation requests.

What are the key ethical considerations around visitor restrictions?

“Visitors” are the range of people, such as family members or friends, who are present on hospital grounds because of their relationship with a patient receiving medical care. Visitors also include religious or spiritual leaders.

Visitors can play an important role in supporting patients through their healthcare journey, including:



Providing psychological, emotional, and/or social **support**



Assisting with the **physical care** of patients, such as feeding, hygiene or supervision



Supporting medical **decision-making** through advocacy and/or providing additional information

The exact nature and extent of the support provided by the visitor depends on each patient’s clinical circumstances, as well as the nature of their relationship.

Visiting a patient can also contribute to the emotional and social well-being of the visitor, particularly for those attending to critically or terminally ill patients, or to fulfil broader social and cultural responsibilities. For children whose parents or loved ones are in hospital, visiting can have specific important benefits.

In normal times, visitors are ubiquitous in healthcare institutions throughout the world. However, during the COVID-19 pandemic, visitors to patients in healthcare institutions are potential vectors for the disease.

The key benefits of visitor restrictions stem from reducing COVID-19 transmission risk:

PATIENTS

Patients are **protected from the increased morbidity and mortality** associated with COVID-19, especially those who are immunocompromised, have multiple co-morbidities, or are already unwell.

STAFF

Staff **health is protected**, which respects their **right to be safe at work**. Protecting staff health also **avoids staffing gaps** from isolation and sick leave, maintaining the hospital's ability to deliver timely medical care. Protecting staff also **prevents infection of staff members' families** with COVID-19, which is a significant concern for clinicians.

VISITORS/COMMUNITY

Family members and other potential visitors are **less likely to contract COVID-19** at the hospital and then transmit it onwards to their friends, family and the wider community.

However, there are also potential harms of restricting visitors:

PATIENTS

Most patients benefit from having visitors. An **inability to access the usual support** and care provided by in-person visitors may thus negatively affect their wellbeing and overall experience of care, and telephone or video calls are often an insufficient replacement. Some patients may make decisions that adversely impact their health to avoid being separated from their loved ones, such as **delaying or refusing medical care**. Similarly, separation from loved ones and carers can also precipitate a **deterioration in a patient's mental and physical health**, such as worsening delirium or dementia. Furthermore, visitor restrictions **limit individual patient autonomy** and **intrude on private relationships**.

STAFF

Enforcing strict visitor restrictions may cause healthcare staff significant **moral and psychological distress**. They may feel that restrictions conflict with their ethical obligation to uphold patient autonomy and provide holistic patient-centred care. Even without this, it may be distressing to deal with distraught patients and families, particularly if there is significant conflict or disagreement. There is a **risk of verbal and physical violence** from aggrieved family members. Additionally, staff **workload** may need to increase to compensate for personal care which visitors had previously provided to patients (e.g. feeding, managing difficult behaviours).

VISITORS

Even in normal times, encounters with the healthcare system are often a source of significant stress and worry for a patient's loved ones. Restricting their ability to visit can exacerbate these issues further and cause significant **distress and conflict**. When patients are experiencing critical illness or approaching the end of life, their friends and family may suffer longterm profound **grief and psychological trauma** from their inability to be present at these major life events.

What are the features of an ethically justified visitor restriction policy?

An ethically justified approach to visitor restrictions must balance competing ethical considerations.

It should:

Acknowledge the potential harms of visitor restrictions - psychological, emotional and physical

Be **comprehensive** in its assessment of harms and benefits which flow from the restrictions

Ensure restrictions are **proportionate** to the level of potential harm involved to all parties (i.e. the least restrictive possible in the given circumstances)

Ensure that the restrictions put in place are actually **effective** at reducing the transmission risk

Promote strategies to **mitigate foreseeable harms** resulting from the visitor restrictions

Be **sensitive** to the particular circumstances of individual cases.

In addition, visitor restriction policies must also meet the ethical requirements of fair process:

Consistency

applied to similar situations in the same way

Timeliness

enables decisions to be made in a timely fashion

Responsiveness

incorporates a mechanism for review, and addressing concerns

Transparency

the ethical basis for the rules in the policy, and the process for implementing them, should be transparent. The extent to which the reasons for decisions in individual cases must be made generally known is however limited by considerations of patient confidentiality, and amount of time and emotional work for staff to do this.

The extent of restriction that is ethically justifiable depends on a number of local contextual factors including:

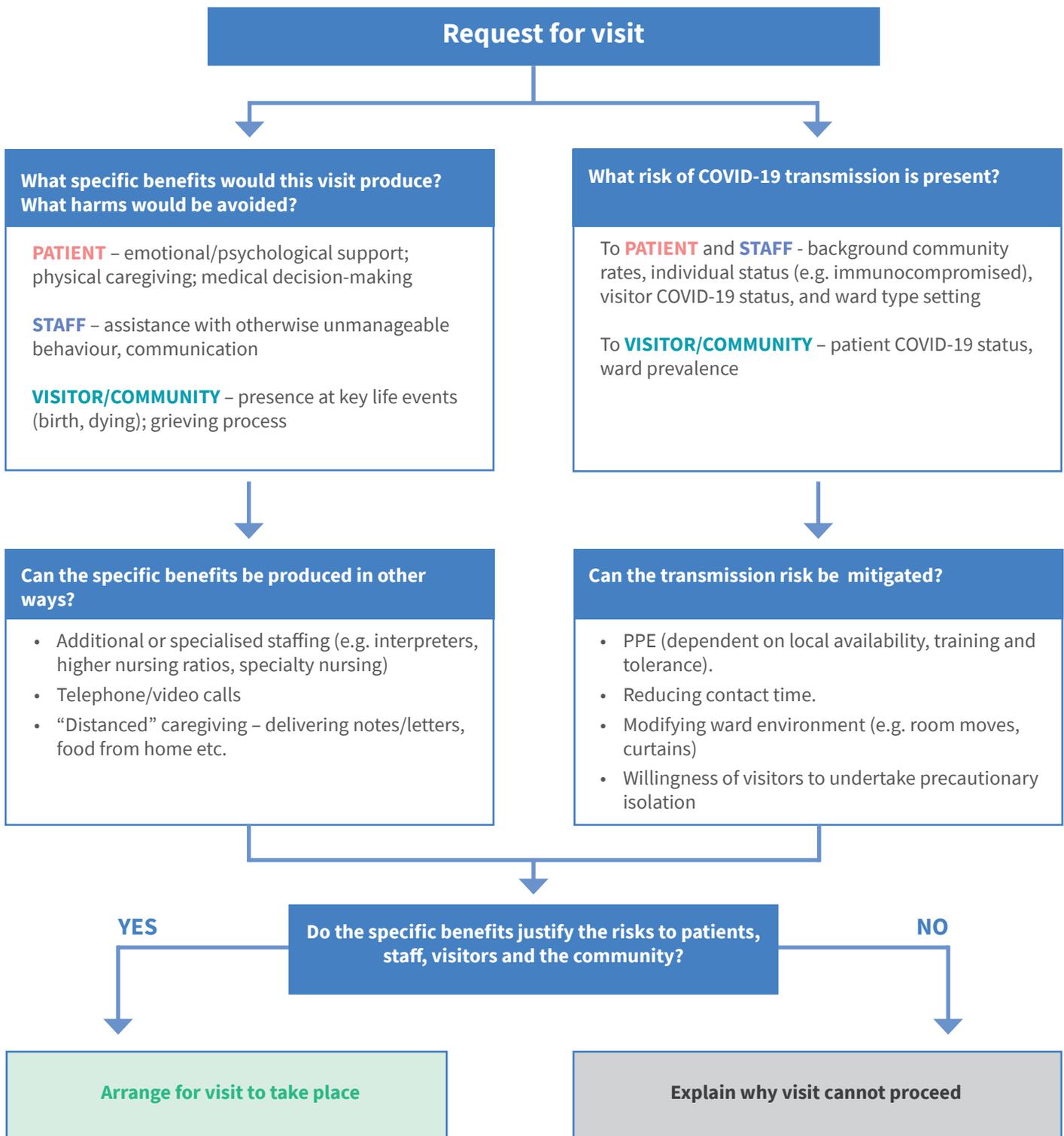
- The specific circumstances of individual patients
- The burden of COVID-19 infection in the community that could be brought into hospital
- Amount of PPE available for mitigation strategies
- Individual institutional resources and circumstances at the time
- Amount of staff time available to assist visitors to use PPE and other risk mitigation.

An ethical structure for considering individual visitation requests

Most visitor restriction policies leave some room for interpretation, and allow some scope for requests for special consideration in individual circumstances.

The flowchart below suggests an approach to considering individual visitation requests, in situations where clinicians or organisational leaders have discretion to make such decisions. It aims to assist clinicians and decision-makers to consistently and transparently weigh competing values when considering individual cases and circumstances.

The flowchart should be used in accord with the ethical requirements of fair process outlined above. Organisations may wish to develop a repository of visitation decisions made, in order to ensure consistency and to identify aspects of policy that may need to be refined.



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