Review

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Visitation policies at palliative care units and stationary hospices during COVID-19 pandemic: a literature review

Abstract

Background: The COVID-19 pandemic has significantly affected the ability of relatives and friends to accompany patients. Medical facilities have taken measures to limit or prohibit direct contact in proportion to the epidemic risk while respecting the integral healthcare component of relatives' participation in the therapeutic process. New challenges have also arisen in specialized palliative care units, where the family plays a key role in providing support and comfort to patients with advanced illness, especially at the end of life. This review aims to explore visitation policies in palliative care settings during the COVID-19 pandemic.

Patients and methods: PubMed, SCOPUS and Web of Science (WoS) were reviewed using iteratively selected keywords (visiting policy AND palliative care AND COVID-19) to identify visiting policies in specialist palliative care settings.

Results: The presence of relatives and their direct participation in inpatient palliative care have been significantly reduced or completely excluded. Several units have established specific visiting policies designed to prevent patients, staff and visiting relatives from acquiring the infection. The rules included obligatory personal protective equipment, limiting the duration of visits and the number of permitted guests, as well as allowing only visitors that had been vaccinated against COVID-19. To mitigate the harm caused by the restrictions, new means of remote contact such as video calls through teleconferencing platforms have been introduced or expanded.

Conclusions: Delving into solutions facilitating contact between relatives and patients, implemented in inpatient palliative care units during the COVID-19 pandemic may serve to identify and establish model solutions for managing similar scenarios in the future.

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Keywords: visitation policy, palliative care, hospice care, COVID-19, family visits, visitation restrictions

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Introduction

Over the past few years, the COVID-19 pandemic has shown how unprepared the world was for an event of this magnitude. Healthcare facilities and their employees were particularly affected by the event, most notably because of high work pressure, uncertainty regarding the eventual outcome of the pandemic, as well as exposure to high risk of loss of health or life while performing duties [1–3]. One of the skills put to the test was communication between patients, their relatives and healthcare workers, which is a key component of an organized healthcare system [4, 5]. In the face of the new global health threat, it was necessary to reorganize the healthcare system to reduce the risk of infection as much as possible. Nevertheless, although the pandemic is no longer a novelty to the world, solutions such as visitation restrictions are not sufficiently systematized and standardized which translates into their relevance and impact on everyone involved in the therapeutic process [3]. In general, guidelines for visiting in times of pandemic are based on limiting the number of simultaneous visitors and following safety measures. Although some hospitals have waived the need for mandatory vaccinations for visitors, many still require or recommend wearing masks and testing for COVID-19 in case of exposure or symptoms [6, 7].

In palliative care, where patients struggle with advanced diseases that often exhaust therapeutic options, family participation and involvement bring mutual benefits and result in increased quality of healthcare [8–10]. Furthermore, in the case of terminally ill patients, the presence of loved ones in the last days of life and during the dying process is one of the predictors of a "good death", and also strengthens spiritual and emotional bonds between the supportive family members [11, 12]. This study aims to explore visitation policies in specialized inpatient palliative care settings during the COVID-19 pandemic around the world.

Patients and methods

A quasi-systematic review was undertaken to identify relevant publications relating to visitation policies in hospice and palliative care settings. Articles related to the visitation policies, especially visitor restrictions, during the COVID-19 pandemic at in-patient specialised hospice and palliative care settings, written in English were included in this review.

The search was performed using electronic databases, including PubMed, SCOPUS, and Web of Science (WoS). Free text terms regarding "visiting policy" AND "palliative care" AND "COVID-19" were used to identify relevant articles. There was no restriction on the article type.

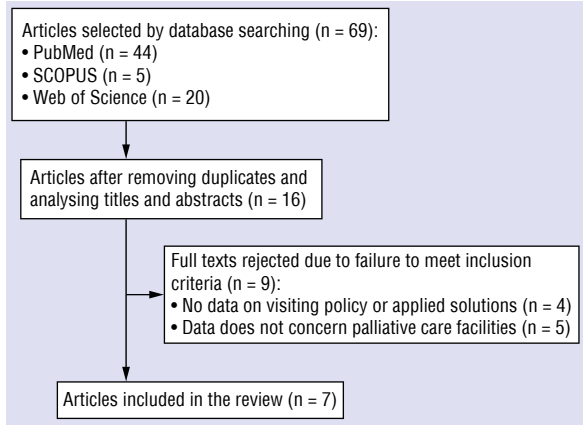

Figure 1. Search strategy

Sources were searched in May 2022. A date limit related to the COVID-19 pandemic was applied so that only articles published from the year 2019–2022, were included. A second electronic search was performed in June 2022 as a methodological check of the previous search.

The selection process for articles in the review involved a comprehensive search of three journal databases: PubMed, SCOPUS, and Web of Science, resulting in a total of 69 positions. After removing duplicates and analysing the titles and abstracts, the number of positions was reduced to 16. From these, 9 full texts were rejected due to not meeting the inclusion criteria — 4 positions due to a lack of data on visiting policy or applied solutions, and another 5 positions as they did not concern palliative care facilities (Figure 1).

Results

After the selection process, a total of 7 sources of information were included in the review (Table 1). Of all seven of the selected studies, four were conducted in the United States, one in the United Kingdom, one in Germany and one in Italy. Two of the studies were quality research, two were questionnaire surveys, one was a letter to the editor, one was an analysis of information on websites, and one was a commentary. Studies were conducted in various types of facilities, including adult hospice, hospice for children, and other units. There was very little to no data about complete visitation bans — only in one research it was stated that the ban was put in force. In five facilities visitations were allowed in case of approaching a patient's death, of which in one facility both parents were allowed and in another one, additional relatives

Table 1. References used in the review

	Author	Country	Type of research	Type of facility	Complete visitation ban	Exceptions to the rules	Requirements for visitation	Requirements for guests	Solutions facilitating communication
1	Hanna et al.	United Kingdom	Interview (qualitative research)	Various	No data	Visitation allowed only in case of approaching patient's death	One visitor per person	No data	Video conversation
2	Weaver et al.	United States	Questionnaire survey	Children's hospice	No data	Other parent allowed in case of approaching patient's death	Parents only, only one parent, other close relatives (less than 1%)	No data	No data
3	Victoria D. Powell & Maria J. Silviera	United States	Letter to the editor	Various	No data	Relatives of patients with COVID-19 may acquire special permission	No data	No data	Video conversation, including for families of unconscious patients
4	Ölcer et al.	Germany	Website information analysis (qualitative research)	Various	No data	Visitation allowed only in case of approaching patient's death	Compliance with top-down recommendations	Registration a few days prior to the visit	Telephone call and video conversation
5, 6	Wei et al. Lau et al.	United States	Commentary	Various	No data	No data	No data	No data	Video conversation and consultation with the help of volunteers
7	Constantini et al.	Italy	Questionnaire survey	Hospice	In force	More than one visitor allowed in case of approaching patient's death	One visitor per person, restricted time visit	COVID-19 testing prior to the visit	No data

were also allowed. One facility required testing for COVID-19 before the visit and one facility required permission from the hospital authorities. One facility restricted visitation time. In one case, registration a few days before the visit was obligatory. Some hospice centres facilitated communication between patients and their relatives — that included telephone calls and video conversations. One research includes the participation of volunteers in establishing communication between patients and their relatives.

Discussion

During the COVID-19 pandemic, special measures had to be taken to prevent the spread of SARS-CoV-2 among hospital staff and patients in palliative care units. Among the most common measures were restrictions on visiting patients by their families — usually to just one visiting person per patient [13–15]. In certain situations, like the imminent death of the patient within hours or days, more family members were allowed [14–17]. Some of the hospice centres required to register before the visit or a negative test for COVID-19 [13, 16]. Shortening the visit time was also implemented in some hospice centres, as the longer a person is exposed to the potential infectious agent, the higher the risk of them being infected [13]. In many hospice centres patients and their families were allowed to make telephone or video calls [14, 16–19]. In the United States during the pandemic, more than 80% of clinical centres restricted visiting rules for family members of terminally ill children at palliative care units [14]. In three out of every four centres, either one or two parents were allowed to visit, while only less than 1% of centres allowed more family members to be present [14].

During the first wave of the COVID-19 pandemic in the United Kingdom in 2020 a significant increase in palliative care patients, but also a reduction in hospital staff, resulted in restricting hospital visits by relatives to a minimum and created difficulties in providing psychological support for terminally ill patients. Healthcare professionals usually contacted patients' families by telephone and on special request could provide video calls. In the event of imminent death within a few days or hours of the telephone call, some relatives were allowed to visit patients in person at the condition of patients having a separate room and tested negative for COVID-19 [15]. According to the research carried out by Powell and Silveira, telephone and video calls made communication with families easier for patients with multimorbidity during the COVID-19 pandemic, but were a challenge for older patients, who usually required the help of hospital staff [17]. Authorities in Germany temporarily prohibited visits to palliative and hospice care facilities and imposed restrictions on visiting patients to reduce person-to-person contact and prevent the spread of COVID-19. Some hospice care facilities urged patients' relatives to avoid making in-person visits unless the patients were in an emergency condition and make telephone or video calls instead. While planning a visit, patients' relatives had to register two days before the visit using a mobile app. Visits took place under certain conditions, including social distancing, but also limitations in communicating with the hospital staff [16].

Visiting policies in healthcare settings in Poland are regulated by the Act of November 2008 on Patient's Rights and the Commissioner for Patient's Rights. According to this Act of Law, a close person can be with the patient during healthcare provision at the patient's request, and the staff is obligated to respect this. Moreover, the person cared for within an inpatient setting has the right to keep personal or telephone contact with other people. Under the circumstances of increased risk of a pandemic outbreak or posing a risk to a patient's health, the staff is allowed to decline the patient's request and visits can be limited or cancelled by the head of the unit [20]. However, it is recommended in palliative care during a pandemic, to admit short visits of one relative of a dying patient, while maximum available measures of epidemic prevention are ensured [21].

Healthcare facilities in New York City provided relatives with daily updates on patients' conditions and organised virtual meetings. Relatives could also seek advice regarding advance care planning and end-of-life decisions but were also given counselling and therapy services to psychologically and emotionally support families who lost loved ones [18]. During the COVID-19 pandemic the NYC Health + Hospitals attempted to create a virtual care platform, which allowed patients to make telephone and video calls with their families. Transforming the system eventually allowed performing approximately eighty-three thousand tele visits in March 2020, as well as over thirty thousand behavioural health encounters via telephone and video [19].

Some hospice centres in Italy restricted the number of relatives allowed to visit one person per patient, although the rules may vary in different hospitals. In high-prevalence areas, visitors were either not allowed at all or were required to stay at least a few days in the hospice while visiting. Two hospice centres required proof of a negative COVID-19 test [13]. The pandemic caused a significant reduction of in-person contact between patients and their close ones as well as volunteers' deployment in hospice and palliative care

was highly limited. Before the pandemic, volunteers supported patients and their families in palliative care settings and being with patients was their main role [22]. Nevertheless, new roles of volunteers have appeared, including virtual volunteering, as a response to the visiting restrictions and COVID-19 infection prevention [23, 24].

Conclusions

The presence of relatives has been significantly reduced during the COVID-19 pandemic. Some of the hospice centres allow visits only under certain conditions. Due to the development of video technology, communication between families and their relatives in palliative care units is possible in the form of video calls, and some hospices developed solutions to facilitate or provide video calls as part of their routine care during the pandemic. Further studies on the significance of visiting guidelines on in-hospital communication between hospital staff and patients during the pandemic are necessary to improve the functioning of healthcare facilities during similar crises in the future.

Article information and declarations

Author contributions

The authors confirm contribution to the paper as follows: study conception and design: FL, LP; data collection: FL; analysis and interpretation of results: FL, KW, JG, LP; draft manuscript preparation: JG. All authors reviewed the results and approved the final version of the manuscript.

Conflict of interest

All authors declare no conflict of interest.

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