

# Do COVID-19 patients really have to die alone?

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(HealthDay)—Hospitals have put in place strict no-visitation rules meant

to prevent the spread of COVID-19, but these precautions have led to another heart-wrenching dilemma.

People are dying alone, gasping their last breath without any [family](#) or friends there to provide comfort.

Now, some experts are arguing this shouldn't be the case, and that hospitals need to come up with plans that allow dying people the emotional solace of a loved one as they pass.

"We believe strongly it's an awful experience having one's loved one so critically ill, but to be alone and separated and not be able to be with them as they're dying," said Martha Curley, chair of pediatric nursing at the Children's Hospital of Philadelphia. "We need to really think about how to change that, so when possible an individual who is leaving the world can have somebody who loves them and cares for them at their bedside."

It won't be easy, Curley admitted in an editorial published recently in the journal *Intensive Care Medicine*.

And there are some experts who think the chance that such visits will spread COVID-19 is simply too great.

Families coming into a hospital will be putting at risk the health of doctors, nurses and staff who are caring for their relative as well as dozens of other very [sick people](#), said Dr. Lewis Kaplan, president of the Society of Critical Care Medicine.

"Every incremental risk to the person who is rendering care at the bedside that is avoidable should be avoided," Kaplan said. "All the essential health care workers who have been hailed as health care heroes—you see the signs, 'Heroes work here.' They do. But you need to

keep them healthy so they can keep working, so if you get sick there is someone to provide care."

## **Families must follow infection control rules**

For visitation to work, families would have to choose one or two representatives who will be allowed into the hospital, and those relatives will have to show that they can be taught all of the facility's infection control rules and will comply with them, Curley said.

"The entire family going in, you can't have that because you would just be exposing huge numbers of people to this," Curley said. "Within a family there may be one or even two people who could understand the significance of being there who could be taught to protect themselves and to go into the room and to be there with the family member."

A hospital will need to be able to test these [family members](#) rapidly for COVID-19, have a cadre of facilitators to lead them through the infection control procedures, and provide each visitor with adequate personal protective equipment like masks and gowns, Curley said.

All these steps will be tough for hospitals already struggling to keep up with COVID surges, Kaplan argues.

Testing will be necessary because quite a few people aren't wearing masks or maintaining social distance in public, but most facilities still have a hard time keeping in stock the materials needed for rapid testing, Kaplan said.

On top of that, hospitals will have to provide additional masks and gowns for visitors at a time when PPE supplies are starting to run low again, and find available staff who can dedicate time to overseeing visitors, Kaplan added.

Worse, hospitals will be put in a position of making families choose who can see a dying person, and then judging whether those chosen will be able to comply with infection control rules, Kaplan said.

"We will set up the potential for an adversarial system that this family member can visit, but that other family member, they can't," Kaplan said. "The visitation that is so keenly prized to help care for and comfort individuals really can't go for everyone."

There's also the concern that a visitor will simply decide to stop wearing their mask or washing their hands, Kaplan said. What are staffers expected to do if that happens?

## **Some hospitals are already doing it**

But some hospital systems are making it work.

Prisma Health in South Carolina has been allowing visitors in to see dying patients for a couple of months now, said Connie Steed, director of infection prevention and control for the hospital system.

"We afford a period of time where the care partner and two other family members have the ability to come in and sit with the patient and talk to them and see them at least one last time," said Steed, who is president of the Association for Professionals in Infection Control and Epidemiology.

Nurses and other hospital staff coach the visitors how to don and doff protective equipment, and stay with them during the visit to make sure infection control is maintained, Steed said.

"I know that sounds crazy, but there are times when you have individuals that really struggle with understanding that they have to clean their hands and put their gowns on and wear protection appropriately," Steed said.

Steed admits that the process is not easy and does draw on [hospital](#) resources, but she feels it's worth it.

"My prayer is that more hospitals become open to this, but I don't think you can say everybody can do it. I think everybody can consider it," Steed said. "Patients who are dying need to be able to see their family members and feel that comfort, and the family members need the same."

**More information:** The U.S. Centers for Disease Control and Prevention has more about [health care facilities and COVID-19](#).

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