

Life, Liberty, and COVID-19:  
An Ethical Examination of  
Visitor Restrictions in  
Healthcare Settings during  
a Pandemic

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Disclosures

- I have no actual or potential conflicts of interest in relation to the content of this lecture.

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Objectives

At the conclusion of this presentation, the learner will be able to...

- explain the goals, benefits, and harms of social distancing.
- articulate reasons for or against visitor restrictions using bioethical frameworks.
- propose ethically-conscious, patient-centered strategies for implementing and removing visitor restrictions

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## Outline

- The Procedure of Social Distancing
- Moral Distress of the Health Care Professional
- Ethical Principles
- Practical Application

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## Social Distancing - Definition

- Aka "physical distancing"
- Definition - Keeping space between oneself and other people outside of ones home!
  - Recommended to be at least 6 feet apart
- Goal - Reduce spread of contagious disease
  - And, as a result, reduce infections, hospitalizations, and deaths from disease



1) <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

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## Social Distancing - Definition

- However, there are many interpretations to the scope of this term as well as a variety of trickle-down effects from its application...

**Practice Social Distancing.**

What does this mean?



<https://www.covidmedicine.com/protecting-your-health/social-distancing>



[www.elon.edu/coronavirus](http://www.elon.edu/coronavirus)

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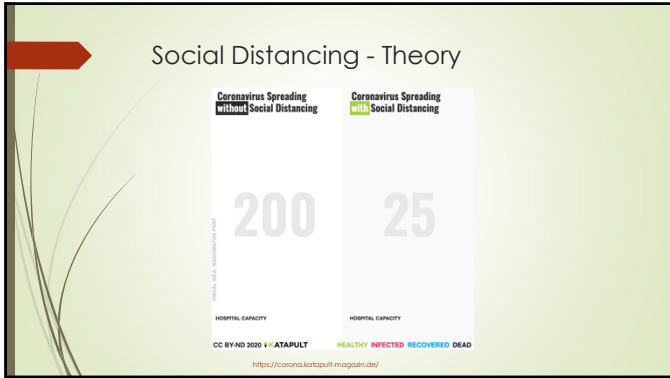
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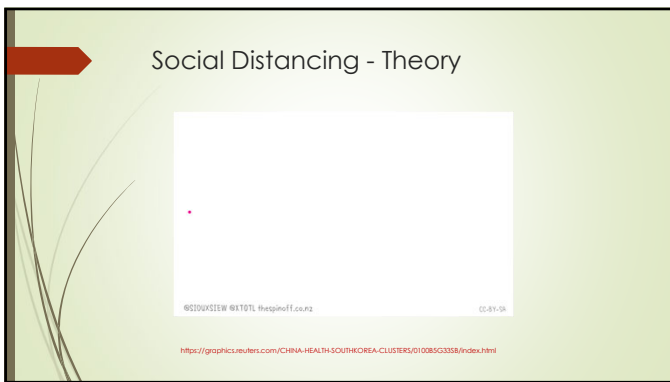
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### Social Distancing - Efficacy

- Effectiveness of workplace social distancing measures in reducing influenza transmission: a systematic review<sup>1</sup>
  - 12 modeling studies and three epidemiological studies included
  - Results of model studies supported social distancing in non-healthcare workplaces (reduced total cases and time to peak); "paucity of well-designed epidemiological studies"
- "Evaluating the Effectiveness of Social Distancing Interventions to Delay or Flatten the Epidemic Curve of Coronavirus Disease"<sup>2</sup>
  - Model evaluated effects of social distancing on cases, hospitalizations, and deaths with six weeks of social distancing for groups > 60, 20-59, < 19 years-old using data from COVID-19 in Washington state.
  - Results suggest that even modest reduction in contact among adults improves all three of these metrics for all groups.
- Physical interventions to interrupt or reduce the spread of respiratory viruses
  - 67 studies in 2011 Cochrane review concluded that "there is insufficient evidence to support social distancing as a method to reduce spread during epidemics."<sup>3</sup>
  - 2023 update: 3 studies on physical distancing identified; limited generalizability, and represents another major research gap which needs to be addressed expeditiously<sup>4</sup>

1) Ahmed F, Zaidi H, Ucciani A. Effectiveness of workplace social distancing measures in reducing influenza transmission: a systematic review. BMC Public Health. 2016;16(1):1518. Published 2016 Apr 16. doi:10.1186/s12874-016-2446-1  
2) Hens N, Goebel G. Evaluating the effectiveness of social distancing interventions to delay or flatten the epidemic curve of coronavirus disease. Emerg Infect Dis. 2020 Aug [date cited]. <https://doi.org/10.1186/s12874-020-02189-9>  
3) Jefferson T, Dai L, Cochrane S, et al. Physical interventions to interrupt or reduce the spread of respiratory viruses. Cochrane Database Syst Rev. 2011(2017):CD56207. Published 2011 Jul 4. doi:10.1002/14651858.cd0056207.pub4  
4) Jefferson T, Douky C, Pearson T, Whang J, van Driel M, Rivest G, Jones M, Hoffmann T, Chan L, Butler R, Chouhan P, Comp BK. Physical interventions to interrupt or reduce the spread of respiratory viruses. Cochrane Database Syst Rev. 2023(2):CD015252. Published 2023 Apr 18. doi:10.1002/14651858.cd015252.pub1

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### Downstream Effect of Social Distancing: Visitor Restrictions

- A primary application of the theory of social distancing is the formation of visitor restriction policies
- But what data exists that this intervention enhances safety of patients, family, treatment team, and/or the community?
- What are consequences and to what degree do they occur?

NUMBER OF VISITORS/SUPPORT PERSONS PER DAY		
	Adult Patients	Pediatric Patients
<b>INPATIENTS</b>	Two visitors/support persons per day Inpatient visiting hours: 8 a.m. to 8 p.m.	Two visitors/support persons per day
<b>SURGERY AND PROCEDURE PATIENTS</b>	Two visitors/support persons per day	Two visitors/support persons per day
<b>OUTPATIENT CLINIC VISITS</b>	<b>PARENT'S AGE:</b> 18-21: Two parents/guardians/visitors per day 22-64: One visitor/support person per day Over 65: Two visitor/support persons per day	Two visitors/support persons per day

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### Visitor Restrictions - Efficacy

- Face value efficacy stems from decreased contact leading to decreased disease transmission
  - Historically longstanding practices (e.g., isolation, PPE) are politico-cultural in nature as much as empiric.
- Efficacy of visitor restriction to decrease COVID-19 transmission is uncertain.<sup>1</sup>**
  - High risk of bias within the literature<sup>1</sup>
  - Even studies showing positive outcome from implementation of visitor restrictions makes it difficult to draw conclusions due to co-occurrence of multiple infection control measures present when studied<sup>2</sup>
  - Lack of data doesn't necessarily mean it is ineffective
    - Should invite questions, however

1) Jefferson T, Doucky L, Perrotti E, Al Anazy LA, von Döbel M, Boscawen CA, Jones MA, Hoffmann TC, Clark J, Miller DM, Glasziou PP, Coury JK. Physical interventions to interrupt or reduce the spread of respiratory viruses. *Cochrane Database of Systematic Reviews* 2020, Issue 1. Art. No.: CD010833. DOI: 10.1002/14651958.CD010833. [https://doi.org/10.1002/14651958.CD010833] 2) Rhee C, Kober M, Vaidya V, Tuckler R, Rennie A, Morris CA, Komro SA. COVID-19 Prevention Experiences Program: Incidence of Nosocomial COVID-19 in Patients Hospitalized at a Large US Academic Medical Center. *JAMA Network Open*. 2022 Sep; 5(9):e222648. doi: 10.1001/jamanetworkopen.2022.2648

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### Visitor Restrictions - Burdens

- Erosion of physical relationships<sup>1, 2, 3</sup>
- Psychological harms<sup>3, 4</sup>
  - Patient and family
- Quality of care<sup>5, 6</sup>
  - Efficacy of Care
    - E.g., care-giving tasks such as feeding, managing delirium
  - Satisfaction of Care
    - E.g., communication in treatment plan by family member, assistance with coping
- Increase in health care professional ethical dilemmas<sup>7</sup>



1) Ardelt M, Bronfen-Brenner U. The importance of touch in development. *Pediatr Child Health*. 2010;16(2):153-156. doi:10.1093/pch/16.2.153 2) Corrado C, Moore D, McCrone P. Social touch and human development. *Dev Cogn Neurosci*. 2019;35:1-11. doi:10.1016/j.dcn.2018.04.009 3) Hochschild A, Smith B, Linstead S. Social relationships and mental ill: a meta-analytic review. *Psych Med*. 2012;42(10):2014. Published 2010 Jul 27. doi:10.1017/S0954579410002014 4) Clark D, Vaidya V, Rennie A, et al. Hospitalist Communication Before Death: The Role of Presence at the Bed of Death. *Am J Geriatr Pharmacol*. 2019;13(1):1-7. doi:10.1177/1083306518777777 5) Campbell SM, Anderson S, et al. Association of Family Members of Cancer Patients: A Post-Symptom Management. *J Pain Symptom Manage*. 2017;34(2):273-279. doi:10.1016/j.jpainsymman.2016.11.010 6) Naylor W, Rennie A, et al. The effect of visitor restrictions on hospital staff during the ongoing COVID-19 pandemic. *BMJ Open*. 2021;15(11):e025137. doi:10.1136/bmjopen-2021-025137 7) Naylor W, Rennie A, et al. The effect of visitor restrictions on hospital staff during the ongoing COVID-19 pandemic: A Systematic Review and Meta-Analysis. *Crit Care Med*. 2021;49(11):e11111. doi:10.1093/ccm/ccab20211111

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### Audience Participation - Scenario

- 87 yo male patient admitted to the medical ICU for acute respiratory failure
- PMHx of stage IV squamous cell carcinoma of the lung, HTN, and COPD
- Negative for COVID-19, though there is concern from the medical team that this result is a false negative.
- Care conference results in HCPOA, his wife of 55 years, electing to pursue compassionate extubation. Decision supported by patient's two children.
- Family requesting administration of Last Rites and to perform family ritual of singing "Amazing Grace" while they lay their hands their loved one.
- How do you proceed?**
  - Allow visitors but enforce social distancing?
  - Allow visitors at all?
  - Are my answers different if it is March 2020 compared to May 2023? If so, why?

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Are visitor restrictions morally justifiable?

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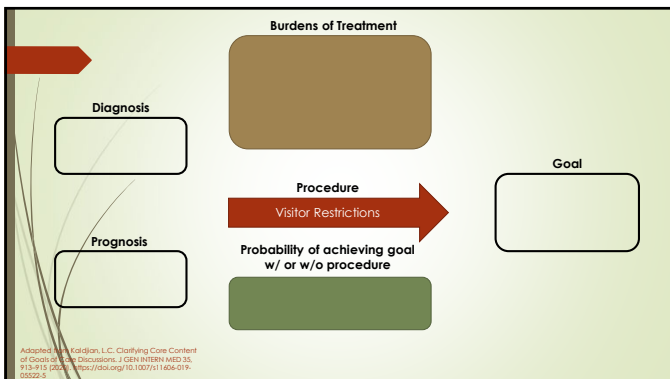
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### Moral Distress

- Moral distress – the **experience of being morally constrained**<sup>1</sup>
  - Occurs when **people make moral judgements** about the right course of action but are **unable or unwilling to carry it out**.
  - Internal: a personal failing (e.g., fear or lack of resolve)
  - External: situational (e.g., hierarchical decision making)

1) Joan McCarthy & Rick Deady, Moral Distress Reconsidered, Nursing Ethics 15, no. 2 (2008): 254-62

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### Clinical Ethics and Public Health Ethics

Duties of Public Health Ethics	Duties of Clinical Ethics
Promote public safety	Maintain fidelity to the patient (non-abandonment)
Protect community health	Relieve suffering
Fairly allocate limited resources relative to need	Respect the rights and preferences of patients

**Focus on community.**      **Focus on individual patient.**

Adapted from: <https://www.thehastingscenter.org/guidance-to-bioethicists/covid19/>

The Hastings Center

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### Clinical Ethics and Public Health Ethics

Duties of Public Health Ethics	Duties of Clinical Ethics
Teleology (Consequentialism) "Greatest good for the greatest number"	Deontology (Principlism) "The Four Principles of Bioethics"

**Focus on community.**      **Focus on individual patient.**

Adapted from: <https://www.thehastingscenter.org/guidance-to-bioethicists/covid19/>

The Hastings Center

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### Audience Participation - Scenario

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- Care conference results in HCPOA, his wife of 55 years, electing to pursue compassionate extubation. Decision supported by patient's two children.
- Family requesting administration of Last Rites and to perform family ritual of singing "Amazing Grace" while they lay their hands their loved one.
- How do you justify your approach?**
  - What decision did you make (visitors, no visitors, visitors with contingencies, etc.)?
  - What bioethical framework did you utilize to justify your decision?
  - How did you account for issues posed by having potential dual responsibilities of duties to the community vs duties to the individual?

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### Ethic of Care

- Founded by Carol Gilligan, PhD in 1982 in her book *In A Different Voice* and further developed by Nel Noddings, PhD in 1984 in her book *Caring: A Relational Approach To Ethics and Moral Education*
- Ethic of care **"implies that there is moral significance in the fundamental elements of relationships and dependencies in human life."**<sup>1</sup>
  - Assumes that caring is inherently basic to humanity
    - Because impulse to care is a universal human attribute, a caring relation (i.e. a relationship in which people act in a caring manner) is ethically basic to humans.<sup>2</sup>
- Inductive method to ethics rather than deductive method such as deontology or teleology
- Some themes of deontology and teleology are present, but is more **concerned with relationship and context** to assess what is right rather than utilizing abstract and impersonal reasoning to determine what is right; some elements of virtue ethics are present as well

1) <https://www.scp.slm.edu/care-eth/4914/>  
2) <https://www.sofornics.com/topic/ethics-of-care>

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### Ethic of Care

- Guiding thought: caring is essentially human and a moral attitude: "a longing for goodness that arises out of the experience or memory of being cared for"<sup>1</sup>
- What makes action right?: degree to which one is engaging in a caring encounter?**
  - "Receptive attention" motivates the carer to respond to the cared-for in ways that are helpful
  - Caring encounter also requires that the cared-for to recognize the care has occurred
  - Furthermore, caring also encompasses more public notions of "caring-about," which speaks to principle of justice and helps to establish, maintain, and enhance the caring encounter

1) <https://med.oxford.com/moblib/noddings-the-ethics-of-care-and-education/>

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### Another Perspective...

**Duties of Public Health Ethics (Focus on community):**

- Promote public safety
- Protect community health
- Equally allocate limited resources to those in need

**Duties of Clinical Ethics (Focus on individual patient):**

- Maintain fidelity to the patient (non-abandonment)
- Relieve suffering
- Respect the rights and preferences of patients

- Public health and individual health values are irreconcilable and in competition.
- The source of these values is not singular, and, therefore, there is no way to resolve this tension.<sup>1</sup>
- Instead of trying to fulfill both duties, focus should be on identifying what is primary duty of health care professional.
  - Health professionals have duty individual patient
  - Health systems/policies have duty to populations
- Therefore, action that is right for the health professional is the action that most fulfills duty to the individual patient.
  - Continue to participate in larger community discussions

1) Hiegel, T. Moral Questions. Cambridge University Press, 2012, 129-141. <https://doi.org/10.1017/CBO9781107341020.011>

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### Moving forward

An Ethics Framework for the COVID-19 Reopening Process<sup>1</sup>

- Identify and assess the feasibility of the policy or decision under consideration (e.g., visitor restrictions)
- Identify pertinent moral values (some examples listed below)
  - Well-being
    - cases and deaths from COVID-19
  - Liberty
    - freedom of movement<sup>2</sup>, freedom of religion, privacy, political participation
  - Justice
    - race and ethnicity, age
- Place policies along y-axis and values along x-axis; assess how policy would promote or undermine moral values. Deliberate ways to mitigate or remedy negative effects of the policy or decision
- Provide transparency as to why a policy or decision was or wasn't justified to appropriate parties

1) <https://bioethics.com/resources/issue-briefs/ethics-expert-weighs-resources-addressing-key-ethical-areas-grasping-with-the-ethics-of-social-distancing>  
2) <https://www.ama-assn.org/speicalty/ethics/ethics-expert-weighs-resources-addressing-key-ethical-areas-grasping-with-the-ethics-of-social-distancing>

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	Well-Being		Liberty			Justice	
	COVID-19 Transmission	Mental Health	Freedom of movement	Freedom of religion	Privacy	Age	Race
No visitor policy when COVID-19 spread is high							
One visitor policy when COVID-19 spread is moderate or less							
Social Distancing Enforced							
Face Masks Enforced							

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### Take Home Points

- The decision to implement visitor restrictions should be carefully deliberated – it is an infringement on multiple rights (e.g., freedom of association) and should be done for as minimal time possible or potentially avoided because...
  - Visitor restrictions cause multiple, well-identified harms to well-being and liberty
  - There is incomplete data regarding their efficacy
- Consider an ethic of care or assessment of primary professional duty to help navigate moral distress surrounding tension between population and individual health goals
- Transparently communicate reasons for decisions surrounding restrictions

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### Q&A

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