



# ETHICAL ISSUES WITH VISITORS-RESTRICTION POLICY IN SEVERE COVID-19 INFECTED PATIENTS: A COMMENTARY

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**Scenario:** A 65 years old female patient was admitted to a public tertiary care hospital, corona isolation ward. The patient was having 80% SPO<sub>2</sub> on 12 litres of oxygen. The patient was having bilateral lung pneumonia; however, the patient was active and able to talk. The patient told the nurse that kindly allows my son to meet me I am having palpitations but the nurse did not consider her request because of the strict visitor restriction policy and her son already had a visit half an hour ago. After some time, the patient's condition deteriorated and developed severe shortness of breath and cough. The saturation of the patient dropped below 40%, staff and doctors tried their level best to stabilize the patient but they failed and the patient died. The attendant started yelling on the counter and filed a complaint against the nurse for not considering her request. The nurse was given an observation form for not considering the patient's request. Here I argue that nurses are not supposed to fulfil patients' wishes against the hospital policies.

**Introduction**

The World Health Organization on March 11, 2020, declared COVID-19 a global emergency. Millions of people were infected in a very short period of time due to its high infectivity rate. The health care system of the globe is overwhelmed during

this pandemic. To control the transmission of the COVID-19 many of the health care system policies were reviewed and changed accordingly. One of these policies was the visitor-restriction policy in COVID-19 isolation units which has compromised the family engagement in the patient care.

Family engagement in inpatient care is an integral part of quality family-centered care. Especially in rural areas where the family members, friends, and neighbours work together to provide care and psychological support to patients. Although the implementation of strict-visitor policies has reduced the spread of the SARs-CoV-2 it has also influenced the ethical choices of the families and patients. As a result, these policies have forced many patients to die alone. I think Most families are agonizing over the visitor restriction policy but this will help save most of their lives.

### **Nursing perspective (arguments)**

Nurses are considered moral agents to make critical decisions during an ethical dilemma. They are always committed to doing their best in the interest of the patients and their families. Therefore they must have strong knowledge of ethics in order to justify their actions and decisions. In normal times the visitor's physical presence was considered an integral part of

the patient care but because of the highly contagious nature of COVID-19 and aggressive disease escalation, the strict restriction policies were implemented in the hospitals all over the world. The visitor restriction aims to minimize the risk of SARs-CoV-2 exposure to patients, families, healthcare workers and the community and lower the burden on the health care systems. Therefore the patient's and families' adherence to isolation measures is the key to reducing the surge in the pandemic. Nurses can also take decisions against the patient's will to protect a larger population from the deadly virus of COVID-19.

### **Theory of Utilitarianism**

Utilitarianism refers to the action between the two given choices, the best action is the one which gives the greatest good to the greatest number of people. Also, utilitarianism focuses on the consequences of the action and everybody

who is impacted by that action not only the person acting (Copeland, 2019).

In my case scenario, the nursing staff refuse the patient's request for the protection of groups, not individuals because of multiple exposures to SARs-CoV-2 increases the chances of infection in the family as well as the community. Based on the theory of utilitarianism she has used the right approach to promote the greatest good in the possible situations.

#### **Family perspective (counter-arguments)**

Most of the patients are benefited psychologically and emotionally from the in-person visitors so because of the strict restrictions policies their health is negatively affected. Separation of the patient from the family members is also one of the main causes of the patient's health deterioration. The enforcing of the strict visitor policy can also put the nursing staff in moral and psychological distress (Chew et al., 2020). Particularly if there is a conflict or disagreement as already

mentioned in the above scenario which eventually leads to verbal or physical violence from aggravated family members. The family members of the critically ill patient may have longer grief and psychological trauma because of the restrictions to meet their patients and these conflict with the obligation of the nurse to uphold patient autonomy.

#### **Patient Autonomy**

Patient autonomy refers to “the capacity to live according to one's own reasons and motives”. It also refers to one’s ability to generate personal decisions independently for the best outcomes in his/her care (Olejarczyk & Young, 2021). During the present pandemic, this ethical duty can be very challenging as nurses will need to act within the bounds of acceptable policies and protocols but due to the high mortality of COVID-19, as a nurse, we will need to deny certain policies in order to respect patient autonomy and act for the

best interest of the patients at the cost of policies. During this pandemic, some of the best interests of the patient are secondary to those of society. These grave decisions need to be taken to reduce the psychological harm to the patient which can eventually lead to an improvement in the health outcomes of the patients. The patient family has the autonomy to make decisions concerning their health and risks. As COVID-19 is a stressful and traumatic event it can mitigate regret and grief in the family and patient. To maintain the integrity of the family and patient, family presence needs to be mandatory in the care.

### **Positionality**

My positionality here is, that nurses should be bound to the ethical code of conduct and follow their professional ethics under the given policies of the organization. Nurses have the responsibility to promote health and prevent the disease therefore allowing visitors to the COVID-19 infected patient will increase the risk of exposure to

the virus in the community which would increase the burden on the healthcare system. There is also a shortage of the personal protective equipment throughout the country so it can also lead to an increase in the use more PPEs which can financially burden the health care system

### **Conclusion**

Most of the time nurses work in situations where some of the ethical frameworks conflict. They can use any of the ethical frameworks which can be justified for choosing the action and it should not violate the morality of the nurse. Nurses should adhere to the policies and ethical standards of the organization. Although nurses' actions and decision making should work in the socio-cultural context. Their actions should also allow flexibility to enhance the trust of patients and families because the situation and context of any decision can change the morality of the nurses.

## Recommendations

Following are some of the recommendations that will help medical staff, patients and patient's families:

- The organization needs to develop an ethical structure for considering the individual request for the COVID-19 isolation ward, In which risks and benefits of the visit are analyzed i.e., what specific benefit will produce this visit and what harm would be avoided.
- Nurses need to be trusted based on their decisions and their decisions should be respected.
- Health care workers need to develop strategies which help to mitigate the foreseeable harm caused by the visitation and produce the specific benefits through alternatives i.e. arranging technical appliances for the virtual presence of family members.
- Nurses need to have a comprehensive assessment of restrictions including the psychological and emotional status of the patient and family.

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