COMMENTARY

The challenge of balancing nursing home residents' right to communication with their safety

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ABSTRACT

The global healthcare systems have been severely impacted by the COVID-19 epidemic. Particularly in nursing facilities for the elderly, there are a lot of infections, which has a high mortality rate as a result. During the early stages of the pandemic, the Italian government introduced emergency legislation to restrict outside visitor access in order to reduce infection risks for both residents and staff of such facilities.

The Italian President of the Council of Ministers announced a new order on November 30, 2020, acknowledging the social and emotional worth of visitors from family and friends to patients. Additionally, it suggested preventative steps to lower the risk of infection in nursing homes for the elderly. Indications that can be applied in clinical practise are provided as part of this article's medico legal commentary on these new legislative provisions.

Key Words: *Nursing homes; Healthcare workers; Clinical risk management; Patient Safety; Ethics are some of the topics mentioned*

INTRODUCTION

Worldwide healthcare systems have been significantly impacted by the COVID-19 epidemic. An unusual challenge has arisen due to the unexpected requirement to protect patient rights and safety. Due to increased fragility and mortality than any other setting for providing care, nursing homes for the elderly have been shown to be one of the most risky locations. There are many contributing elements, including the residents' ages. The majority of the nursing home staff consists of nursing assistants and nurses who give residents basic care. The organization's non-hospital status, which makes it unable to offer intensive care therapy, adequate diagnostic tools, and frequently suitable spaces for carrying out efficient and sustained patient isolation. These concerns have drawn scientific and legal attention in order to develop action plans to protect the lives and safety of both residents and personnel in such facilities, which have a high resident fatality rate as a result of the pandemic.

Patient visiting is one of the most important issues since it can actually be dangerous as an infection source despite having a significant emotional and psychological impact on patients. By way of a Decree of the President of the Council of Ministers on March 8, 2020, the Italian government enacted emergency laws to address this threat during the early phases of the epidemic. Family and visitor access to residential and long-stay facilities, residential nursing homes, hospices, rehabilitation facilities, and residential care homes for the elderly, both self-sufficient and non-self-sufficient, is restricted to cases authorized by the facility healthcare administration only, the law stated.

The identical instruction was repeated in several later DPCMs, the most recent of which was dated 3 November 2020. It centres on the role of healthcare administrations in restricting family and visitor access and is founded on the idea of stopping the disease from spreading in these institutions. The requirements of residents and their families are either not taken into account, or if they are, they are given

In addition, "family and visitor access to the facility is restricted to exceptional cases only authorized by the healthcare administration, according to the Italian National Institute of Health Report, Interim indications for the prevention and control of SARS-CoV-2 infection in residential social and health facilities. The sentence in question reiterates the idea of restriction, and the words special circumstances are highlighted in capital letters, bold type, and underlined language.

The Interim Guidance issued by the WHO on June 29, 2020, is cited in the ISS Report but is not governed by it. Its paragraph 4.2 is devoted to Administrative procedures to manage visitors and places special emphasis on the remote, communications" component.

The Italian Ministry of Health's circular, which was distributed to all national healthcare organizations on November 30, 2020, is

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particularly noteworthy since the emphasis has shifted to safeguarding the health of inhabitants and possible visitors. This document is a significant development from an ethical and employee safety point of view in a setting at significant risk, and it does not conflict with the general safety provisions related to limiting the spread of COVID-19 in nursing homes that were created by the European Center for Disease Prevention and Control. There is no official justification for this new strategy from the Ministry of Health. However, there have been complaints from the relatives of nursing home residents, many of whom have been unable to speak with their loved ones for months due to isolation measures, and some of whom have only seen them after their deaths as a result of COVID-19. An investigation by the ISS on the spread of COVID-19 in nursing and residential care facilities yielded intriguing information about the limitations on family visitation. Representatives of 3417 nursing homes were sent a 29-part questionnaire, and 1356 facilities of those contacted responded.

Protecting the right of elderly people to social contact

The Italian Ministry of Health's circular from 30 November 2020, titled Provisions for visitor access to residential homes, nursing homes, and hospices, and indications for new admissions in the event of infected patients in the facility, aims to give more specific operating instructions than previous legal guidelines. This circular demonstrates a shift in governmental decision-makers' cultural perspectives on relationships between people residing in various types of residential and long-term care facilities and their family members A concept, five overarching indicators, and six focus elements make up the text.

The following circumstances are the focus of the premise:

(a) People who reside in facilities where the application of preventive measures, such as physical distance and restrictions on social contact, has caused a reduction in interaction between individuals and in social-emotional connections, which, in a population of frail, cognitively unstable people, may result in further psycho-emotional degradation. In turn, this could raise the possibility of organic disorders getting worse.

(b) Residents' family members who have struggled with being separated from a loved one and the resulting difficulty in offering support and help emotionally.

During these visits, safety must be addressed through the use of the proper protective gear and ambient factors. As part of the requirements, all residential facilities must make appropriate arrangements to enable each resident to connect regularly with their friends and family digitally, especially if in-person visits are not feasible. In addition, "best practises should be developed and shared as regards managing residents' social networks and interactions, both in person and distanced, including methods for evaluating the impact thereof in terms of efficacy and safety. Healthcare organizations are therefore required to devise a detailed plan for ensuring the option for in-person and remote interaction with residents, recommending, for instance, the creation of hug rooms. In any case, specific protocols need to be created for each conceivable solution.

Managing distanced interaction

The Ministry of Health's circular has a novel premise that emphasises the social and emotional components of residents' rights to health. This differs from earlier laws that were in force in Italy and that were centre on how healthcare administrations "restricted" family and visitor access. The demands of the locals and the desires of potential visitors are now the main emphasis of the current document. The central idea focuses on the risks and potential harm that limiting social interaction for senior's poses, as well as the pain that families go through when they are forced to restrict the emotional support they can give to elderly residents. As a result, the visitation limitations that healthcare administrations were previously compelled to enforce, almost categorically, will henceforth be enforced in accordance with the written regulations established by the specific facilities. Actually, the circular requires healthcare organizations to develop a thorough plan for both in-person and remote visits. Thus, the ambiguity of the prior phrase, cases allowed by the facility healthcare management, is eliminated because it allows for impromptu rather than carefully considered decisions. Additionally, the DPCM's "to prevent potential infection transmission measures are restrained by the idea of safeguarding residents' health, which had previously been harmed by a lack of social interaction.

Protocols must be established and incorporated as part of the aforementioned detailed plan with reference to in-person visits. The subject of "distanced interaction, who must also be covered in the specific strategy of the healthcare administration, is interesting. Family members, residents, or facility staff may ask for remote visits. In all circumstances where the healthcare administration refuses in-person visitation as specified in the circular, faraway visitation becomes the default option. Remote visitation may be facilitated by suitable structures, such as windows with an intercom, or by means of telecommunications. Facilities must therefore ensure that adequate communication channels, including digital ones, are available. In other words, all possible visitors must be able to utilize the resources made available by the facility, including those who lack the essential technological equipment for an internet connection. Even relatives of old nursing home residents frequently use technology in a non-autonomous manner, and they may also feel social isolation and a lack of support from their social network. Telephone communication with a family member is crucial for conveying medical information about worsening or dramatic conditions when face-to-face engagement is not possible or does not provide the therapeutic benefits that the proxemics part of face-to-face conversation does.

It is crucial that the visitation areas be constructed with the third provision in mind, which pertains to suspending in-person visits in the event of recurring COVID-19 cases or clusters, in mind given the variety of reasons why distanced visitation may be used. According to this clause, facilities must set up zones that are totally separate from one another and staffed by different personnel, as well as increase the options for distanced interaction using various methods.

Clinical risk management

Through the identification, assessment, and adoption of containment strategies, clinical risk management encompasses all organized processes created to enhance the standard of healthcare services and safeguard the safety of patients, visitors, staff, and the entire organization.

The social and emotional protection of patients in connection to visiting residential care homes must be handled in a way that does not jeopardize the security of patients, visitors, staff members, and the entire residential care home organization. This principle is supported by the document that is annexed to the ministerial circular, which urges persistence in managing the visits mentioned in ISS Report No. 4/2020 and in implementing and monitoring infection prevention measures.

CONCLUSION

The circular we looked at demonstrates a significant shift in political decision-makers' thinking in Italy regarding patient visitation, demonstrating that their goal is to strike the right balance between the protection of care home residents right to communication and their safety. The text emphasises both successful clinical risk management and residents' healthcare needs and expectations in regard to affectivity and support from family members. The elderly's right to communication and social interaction as inhabitants of nursing homes has been explicitly articulated for the first time in a political-administrative document. Moments of loneliness should diminish over time, especially when additional options for communications are made available on a daily basis. However, family members aren't always able to use the available technical resources, go to the facility frequently for in-person visits, or use the technological resources made available to them. It is important to recognize that the current state of socioeconomic inequality does not promote fair opportunity for everybody. Because of this, despite efforts to lessen it, loneliness among the elderly will persist. A complete condition of physical, mental, and social well-being, rather than just the absence of disease or infirmity, is what the World Health Organization's Constitution, adopted in New York on July 22, 1946, defines as health. Considering this definition in light of the social component of wellbeing, which connection and communication are vital components of, is important for the moment. Since these components are now dependent on technical resources, having access to them is now a necessity for the social component of well-being and, by extension, health.

Therefore, it is important to think of equal access to technological resources in the same way that equal access to healthcare is. The same idea also holds true for other situations, such as the gradual adoption of telemedicine.