
Visitor Restriction Policy and Delay in End-of-Life Decisions



During the COVID-19 pandemic, hospitals have implemented policies that limit family presence.

In a recent analysis, researchers aimed to determine whether a restrictive visitor policy inadvertently lengthened the decision-making process for dying inpatients without COVID-19.

The primary outcome of the study was ICU length of stay. Secondary outcomes included hospital length of stay and time to first do not resuscitate (DNR), do not intubate (DNI), or comfort care order.

The analysis included adult decedents who received greater than or equal to 1 day of care in the ICU during their terminal admission over a period of 12 months. Nine hundred forty decedents without COVID-19 were identified. Thirty-three patients who were admitted before and died after policy implementation were referred to as crossover patients. The final analysis excluded these patients.

The length of ICU stay for study patients was 0.8 days longer following the implementation of the restrictive visitor policy. However, after excluding the 33 crossover patients, the length of stay in the ICU was 2.9 days longer post-policy. Admission after policy admissions was associated with a significantly longer time to first do not resuscitate/do not intubate/comfort care order.

These findings show that policies that restrict family presence can lead to longer ICU stays and can also delay decisions to limit treatment prior to death. This is an important finding, keeping in mind the pandemic and ICU beds being a scarce medical resource.

It is thus important to evaluate these policies and implement programmes that enable access to family-centred care and palliative care during the pandemic.

Source: [Critical Care Medicine](#)

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Published on : Tue, 12 Oct 2021