

Unlocking Care Homes: Ethical Issues

Clinical Ethics Cross-Sector Committee York and North Yorkshire

Background

Visiting of Care Home residents by family and friends has not been allowed during the SARS-CoV pandemic as part of a wider 'lock-down' of the population to reduce transmissions rates. As the lock-down is being relaxed, and hospital visits are being allowed at the discretion of local Trusts, the reintroduction of Care Home visits needs to be considered.

Many homes are being creative to allow 'socially distanced' visiting, e.g. through windows or in outside spaces, but currently non-socially distanced visits are not being undertaken.

Ethical Considerations

The committee found it helpful to look at the issues raised against a framework of ethical principles.

Rights

The rights of the individual are recognised as a fundamental part of our society.

The individual's right to family life is currently compromised by restricted visiting, but this is in order to promote public health. In this case the rights of the individual are trumped by the 'greater good' of the Care Home community.

Autonomy

The autonomy of the individual is at the heart of the rights-based argument. Some agencies argue that the autonomy of competent individuals is being over-ruled by preventing them from seeing relatives and close friends, especially those towards the end of life.

Although an individual patient may be willing to take the risk of having a visitor, their choice could have a serious impact on the health other residents and staff, if the virus starts to circulate. Under these circumstances, in order to protect the autonomy of others, it is justifiable to over-rule the autonomy of an individual patient.

In those patients who are less able to make informed decision on their own best interests (e.g. with dementia), it may become necessary to make use of the Mental Capacity Act.

Best Interests

In considering the best interests of individuals, who lack the mental capacity to make a decision for themselves, it is necessary to balance the risks to physical health against those to mental health.

Relaxing the visiting rules will increase the potential risk to an individual patient of contracting SARS-CoV from a visitor. More importantly, this is compounded by the number of residents – also at risk - in any facility; this vulnerable patient group is recognised as having severe outcomes with high mortality rates from CoV.

Although the mental of health of an individual patient may improve by allowing visiting to resume, there is the potential to cause greater harm if this is allowed too soon. The care home has a duty of care to other residents to safeguard their health.

In circumstances when an individual does have the mental capacity to decide whether to see a friend, best interests do not apply, as they are free to make a decision for themselves. However, this may have consequences for that individual, which should be made clear to them, when they make the decision. For example, those not abiding by the rules may have restrictions put in place to prevent putting other residents at risk - for the 'greater good.'

Principles of Human Dignity

Concern has been voiced that dignity towards the end of life could be compromised if people die without loved ones being able to visit. The committee felt that it is important that compassionate solutions are not overlooked in the quest for preventing harm and saving lives.

Each care home will have its own specific environment and circumstances, and in some situations there may be the potential for special arrangements to be undertaken on a case-by-case basis.

Burden on staff

There is an understandable and real concern by staff of becoming infected with the virus, with the resulting effects on their own health and that of the residents.

To manage this risk, there is an essential need to manage visitors' behaviour, and to abide strictly by the rules relating to the wearing of PPE.

In summary

On balance, whilst there is still significant virus circulation (as indicated by the remaining lockdown rules), the committee feels that the current visiting restrictions are reasonable.

The benefits of a visit by a relative are felt to be outweighed by the risk to the health of all home residents and staff, which has the potential to place an increased burden on staff and PPE availability.

We would recommend that this is reviewed as the lockdown rules ease.

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