Statement from IHF on dying alone in hospitals and care settings

April 8 2020

Many people and staff in care settings have raised concerns regarding any person dying alone in a healthcare setting where family/loved ones are not allowed to visit, or be with the person, at end of life.

There is only one chance to get end-of-life care right and we know that dying alone is hugely problematic both for the dying person and their families - creating a lasting memory of distress for families and no doubt impacting on their bereavement.

So much of the COVID-19 care trajectory is already extremely distressing for both staff and families and much is beyond our control.

No visiting guidance is being issued in many areas where the risk of COVID-19 is most high, including open ICU wards. We do appreciate the infection control measures in place and understand visiting restrictions are in place to prevent further infection to visitors, their families and to staff. We appreciate the sacrifices families are making at this point in time.

We have sought to clarify guidance from the HSE on this. Based on this clarification, the following is our recommendation to healthcare and other care settings.

The recommendation of the Irish Hospice Foundation is that one family member is allowed to be with every person who is dying, albeit in PPE if required for a COVID-19 patient. We appreciate hospitals and other care settings, will need to assign staff to training families in the 'donning' and 'doffing' of PPE and that this training and support requires time and resources.

Our second recommendation is that hospitals and care settings put in place for families; clear guidance and explanations for their visiting policies (noting that it might differ between ICU or other wards), details of how limited visiting can be accommodated (where possible), and clear reasons for any restricted visiting policies. This guidance should state how families can engage with the hospital or care setting on visiting – ideally through a named contact person, such as a social worker. **If hospitals can provide as much clear detail as possible on where, how and when visiting can be allowed and facilitated, this can alleviate some distress for families.**

If there is an absolute NO-VISITING policy at end of life, for infection control reasons; then **our third recommendation is that proactive measures are put in place to ensure that dying patients and residents are not left alone and that staff use a variety of methods to bring comfort, compassion and company to the dying person, as well as, communicating these**

measures and approaches to the families sensitively. We appreciate this will require some staff times and resources.

We appreciate all the tremendous work that is being put into the creation of material and clinical guidance for those who are caring for the dying during this COVID-19 pandemic. We hope our own work is assisting the national cause.

Sharon Foley, CEO, The Irish Hospice Foundation