



## Irish Hospice Foundation Care & Inform

### Position statement on end-of-life care in healthcare settings during the COVID-19 pandemic | April 9 2020

**There is only one chance to get end-of-life care right.** At the Irish Hospice Foundation we believe 'no one should die alone, frightened and in pain' and we have been working with our partner organisations for many years to support the provision of excellent care at the end of life in all healthcare settings.

**We are aware that dying alone, as an outcome of COVID-19 visiting restrictions, is hugely problematic both for the dying person, their families and for staff - creating a lasting memory of distress for families and no doubt impacting on their bereavement.**

COVID-19 is challenging a lot of the established norms and ways of working, and is causing much anxiety, both for the general public and healthcare staff, who may find themselves and their loved ones facing into end-of-life care situations.

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

We also commend the **Health Protection and Surveillance Centre** for allowing discretion to be taken to enable visiting for a person who is in receipt of end-of-life care, within their guidance. We have sought to clarify guidance from the HSE on exceptional circumstances for visiting. Based on this clarification, the following is our recommendation to healthcare and other care settings.

**Our first recommendation is that one family member is allowed 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.**

**Finally we recommended where all visiting is banned, proactive measures are put in place to ensure 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.** Hospitals and care settings should provide clear guidance/communication for their staff and for family members giving details of how continued support can be provided for patients and families. This guidance/communication should state how families can engage with the hospital or care setting using available technology to enable 'virtual visiting' and ensuring that information regarding their loved one is communicated clearly and sensitively, ideally through a named contact person. We appreciate this will require some staff times and resources.

Some resources and sensitive suggestions have been developed by the Irish Hospice Foundation in partnership with our colleagues working with our Hospice Friendly Hospices programme.

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