A COVID Question

The Impact on Our Nursing Home Residents

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Introduction

COVID-19, a novel coronavirus which targets the respiratory system, has had a significant impact on Irish nursing homes.
The virus was declared a global pandemic in March 2020, and as of 14th June the Health Protection Surveillance Centre has reported 258 clusters of cases in nursing homes, comprising 21% of all cases in Ireland and associated with 943 deaths [1]. This pandemic is a source of many ethical dilemmas — an example being the ethical issues arising from enforced social isolation imposed on residents during lockdown.
The cocooning of residents in nursing homes raises a question with no simple answer — does the risk this isolation poses to the wellbeing of elderly residents outweigh the benefits of such strict measures to protect them from COVID-19?
The adverse effects of isolation, although relevant in any infectious outbreak, are compounded in this instance by the unprecedented scale of the coronavirus pandemic and the immense pressure on the healthcare system as it faces this new threat to health.
Even in the chaos of a global pandemic, the ethical principles at the root of all healthcare decisions, namely non-maleficence, beneficence, autonomy, and justice remain pertinent.

Nonmaleficence

A phrase attributed to the physician Hippocrates, 'primum non nocere', or 'first, do no harm', encapsulates the principle of nonmaleficence. It pertains to an ethical and legal obligation to avoid harm, balancing benefits of treatment against potential pain and suffering [2].
COVID-19 poses a significant threat to the elderly. People over 60 years of age are considered high risk; those over 70 fall into the very high-risk category [3].
These age groups are predominant in residential care facilities, where the risk of infection is higher due to people living in close proximity and the movement of carers between residents [4]. Guidelines exist to prevent the virus entering facilities, as an outbreak can have a catastrophic impact on a nursing home with vulnerable residents. However, it is difficult to remain case-free [5].
Guidelines already in place for influenza outbreaks highlight the importance of vaccination and antivirals; these are not applicable to COVID-19. Therefore, significant emphasis is placed on isolation in coronavirus-specific guidelines. Exclusion of symptomatic visitors in the case of influenza is less restrictive than the strict ban on all visitors, symptomatic or not, during the current pandemic [6].
Confirmed cases are confined to their room, and visiting restrictions apply to everyone, regardless of test result.
Research shows that loneliness and social isolation in the elderly have been linked to physical as well as mental conditions, including anxiety, depression, hypertension, and a weakened immune system [7]. This isolation is necessary to protect the vulnerable from the virus, but it harms them socially. Those with dementia, a common condition in long-term care facilities, may experience a significant deterioration in their condition during lockdown [8]. Emotional needs of all residents as well as signs of physical deconditioning such as reduced mobility, confusion, new swallowing problems and constipation should be monitored according to guidelines [5].
The harm that may result from isolation measures conflicts with the aim of non-maleficence.

Beneficence

Healthcare decisions must be made in the best interest of the patient [9]. Guidelines urge healthcare professionals to keep residents isolated to protect them from infection, but this is at the expense of their mental wellbeing. A balance must be achieved when deciding what is best for each individual patient, taking into account the mental health effects of isolation.
In order to truly uphold the wellbeing of the patient, all needs should be met: mental and social as well as physical, as is suggested by the biopsychosocial model of health [10]. Anxiety

may be felt by residents who are at risk of contracting COVID-19, causing their sleeping patterns and mental health to suffer [11]. Confirmed cases may fall victim to loneliness when quarantined to a room for the safety of others, adversely impacting their psychological and social wellbeing. It is difficult to fully satisfy the principle of beneficence during this pandemic; physical health benefits of isolation are maximised, but mental wellness is infringed upon by doing so, illustrating how intricately linked the principles of beneficence and non-maleficence are. In recent times, the occasional visit through a window from family members can raise spirits. However, this is no replacement for the comfort that comes with physical contact.

Autonomy

For those dependent on carers, maintaining as much independence as possible is paramount for good quality of life [12]. Informed consent can be challenging in cases of dementia. The use of Personal Protective Equipment may be distressing to those with dementia; they may not understand why it is being worn, and it is more difficult to read facial expressions with regard to communication [13]. When being tested for the coronavirus, residents with dementia may not fully understand what is happening, and this can be frightening. It cannot be assumed that there is no capacity, but someone's capacity for decision-making can be subject to change. All patients have the right to refuse a test [14]. Autonomy must be acknowledged here, with dignity and respect upheld [15].

Long-term care facilities are among the institutions which locked down earliest during this crisis, and so this specific population has been isolated for longer than most. Restricting movement and being confined to one room represents a loss of autonomy for elderly residents who depend on social interaction to break up their day [16]. A cohort who are dependent on others for help in a time when understaffing is being exacerbated by the increased pressure on healthcare workers, the restrictions imposed on nursing home residents are especially severe. With restricted contact from family and friends, there is the risk of dying alone in a facility, something that most would not choose. Residents with the virus have no choice but to forgo social interaction for their own safety and the safety of others in the facility. A phone call is not always possible with the staff under pressure and some residents being unable to make a call themselves. This lack of choice, although necessary to protect residents from harm, signifies a loss of control which can predispose to anxiety and depression.

Justice

With such demand on the healthcare system, the pressure to prioritise resources has sparked debate among professors in the fields of bioethics and philosophy [17]. Some countries, for example Italy, opted for the utilitarian approach, prioritising those with a higher chance of therapeutic success and hence achieving the greatest benefit for the greatest number of people [18]. It is not ethically justified, though, to make a decision based solely on age [19]. As older persons have an equal right to health and life as everyone else, such decisions should be made on the basis of medical needs, not simply age.

Although much has been done by compassionate volunteers to support the elderly during lockdown, a type of ageism has emerged in the midst of this pandemic which represents a lack of solidarity with the elderly population; this prejudice can leave nursing home residents feeling even more isolated, further impacting their psychological wellbeing and health outcomes [19, 20].

Conclusion

A compelling question is brought to light here; even if free from the virus in a facility with confirmed cases, is it possible to truly achieve health? The simplest definition of health equates with the absence of disease, but an individual's mental and social wellbeing should also be emphasised, as implied by other definitions [21].

When caring for nursing home residents during this pandemic, it can be hard to follow one

principle without breaching another; for example, when exacting beneficence and isolating residents to protect their physical health, this causes mental health to suffer, at odds with the principle of non-maleficence. The social and psychological wellbeing of many residents is compromised in a bid to protect them from this virus.

As in the prioritisation of resources, there seems to be the inevitable prioritisation of one ethical principle over another, resulting in a balancing act to try to do right by the individual patient and their family. Discussion among healthcare professionals at a population level, and with regards to individual cases, is one way of taking a step towards resolution of these ethical dilemmas.

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