



Catholic Health Alliance of Canada Alliance catholique canadienne de la santé

The Ethics Network of the Catholic Health Alliance of Canada has developed this framework document, one in a series of ethics resources to support each sponsor organization's response to COVID-19. While it reflects a consensus of opinion of relevant principles and moral approaches to address issues arising during the pandemic, the framework is meant to be adapted to each sponsored organization's unique context and circumstances. For more information, please contact Dr. Hazel Markwell, Theology, Policy and Ethics Advisor at hazel.markwell1@gmail.com

Catholic Health Alliance of Canada Ethics Guidance

Re: Visitor Restrictions and Limitations during Covid-19

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- Good ethical decision making is dependent on established facts, and thus the ethical justification for limiting visitation to health care facilities in exceptional situations such as the Covid-19 pandemic must be **anchored to the most current, credible scientific evidence**, including the clinical expertise of those most competent to interpret the evidence;
- However, even with the most credible information, clearly stated guidelines, and historic cultural norms to draw on, **prudential judgements** will be required;
- Given the evolving nature of COVID-19, it is also possible that visitor restriction guidelines may become **increasingly more restrictive** as the risk of vector spread of community cases grows including to the point in which all visitation may be ceased; inclusive of end-of-life situations;
- The principle of **benefit and burden** shifts along this continuum, balancing the good visitation brings in serving the well-being of the patient/resident, or comfort to the dying person, with the burden of risk of harm in spreading infection within the facility, or afterwards in the community;
- Narrowing the benefit-burden calculation and its application requires defining what constitutes an **essential visitor**, and the prudent steps to **verify, screen, and escort** essential visitors to patient/resident rooms. Guidelines may also limit the **number** of essential visitors to one at a time, and automatically exclude symptomatic visitors.

- In a pandemic, where there is increasing need at the same time as scarce resources, balancing the needs of individuals with that of the welfare of the population as a whole is crucial. This is reflective of the overall goals found in most pandemic ethics frameworks that seek to **minimize illness, death, and societal disruption**. **Within the Catholic tradition** it is important to keep the principle of solidarity in mind in which respect for the common good also determines the good of each individual.
- However, it's also ethically important that in fulfilling these goals we take the **least restrictive measures** possible (e.g., voluntary self-isolation vs. mandatory quarantine), as well, to ensure the restrictions placed on individuals are **proportionate, measured, and fair** given what that individual must give up.
- Those who bear the greater burden in being restricted access to their loved ones should be provided a **transparent rationale** for the decision, as well as **alternative means** to facilitate meaningful contact through technological supports such as telephone, video calling, FaceTime, etc.;
- **Fairness** also requires means for family to question and appeal decisions, and the assurance that restrictions are not arbitrary nor personal. It is critically important that we treat like situations in a like manner, and strive for **consistent approaches** to exceptional situations, based on objective, transparent criteria. Equity demands that all persons are treated with fairness;
- We also need to widen our understanding of health to ensure we are not narrowly focusing on trajectory of disease alone, but rather, a **holistic approach** that recognizes the benefit of emotional and spiritual support, both for the person in care and their families, as well as for staff who may not be able to provide these supports during a crisis;
- We also need to widen our time frames in which benefit/burden will be measured. Families who may be unfairly and disproportionately deprived of timely presence during their loved one's imminent dying may experience a lifetime of complicated grief due to lack of closure, guilt, comfort measures, etc. The overarching goals of minimizing social disruption must include attention to these **collateral harms**;
- In a public health emergency, our commitment to the common good does not obliterate our commitment to the individual. The common good is not just the total of individual goods, but in fact is constitutive of each individual's good.
- Catholic social teaching upholds the **principles of solidarity and the common good**, and aligning our efforts, collective wisdom, and our trust in one another that will best help us respond to the pandemic, and the recovery afterwards.