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ACUTE PERSPECTIVE

David Oliver: Squaring the circle on ward visiting

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A recent *BMJ* column of mine, “When visitors return to the wards,”¹ sparked a great many private emails and several lively Twitter exchanges. In most healthcare facilities visitors are now back on the wards, and not just to visit critically ill or dying patients. Some precautions remain in place, however.²

Staff who have worked for many months with few visitors present, caring for patients who are desperate to see families and friends, and spending hours on sensitive discussions by phone that might work better in person, are now readjusting. My virtual mailbag prompted me to revisit this theme, and the responses fell into three broad categories.

The first group were shop floor doctors, nurses, and allied health professionals who were grateful to see someone acknowledge some disadvantages to having visitors back on the wards. They were glad that I was talking so publicly about a subject they felt unable to mention without seeming uncaring, callous, or on the wrong side of patients and carers. Of course, they understand how important it is for a patient’s recovery to see close family members, especially those who are helping them to live with long term conditions or disability. Such carers are key partners who spend more time with the patient than healthcare professionals ever have time for during patients’ hospital stays.

Healthcare professionals know that conversations with family members are key to planning discharge and treatment decisions, especially for patients with impaired mental capacity or communication difficulties. They know how important it is for family visitors to be with loved ones towards the end of life, for both parties. Visitors can be a great help at mealtimes, with personal care, and in helping patients stave off fear, isolation, and boredom. Healthcare staff know all of this, but the pressure of working without any respite from visitors—being overheard, stared at, interrupted, or urged to drop activities to prioritise another patient—is sometimes intolerable. Some kind of reciprocal behavioural contract is surely required.

The second group of respondents were inpatients’ family members, friends, and unpaid carers, keen to share their visiting experiences. They made all of the arguments outlined above in favour of hospital visits. These are the same arguments made for several years by John’s Campaign,³ a charity that advocates for visiting rights in hospitals and care homes, with visitors’ full involvement. I have been an enthusiastic supporter and friend of the charity myself and have written in support of its principles, despite some of my more recent reservations about visiting rights.

My correspondents in favour of open visiting also recalled experiences where they believed that patients would have been let down if a visitor hadn’t been there to accompany or advocate for them, help them communicate and clarify, or highlight problems. They argued that keeping visitors away would worsen care quality and communication and put patients at risk. Medics may find visitors challenging, but they help to hold us to account. In my long experience this does happen, even if some complaints are inaccurate or unfair to staff.

The third group who responded were patients who had been admitted themselves. Their consistent message was that the constant presence of other patients’ visitors for hours on end—or even their own—had made it hard to attain rest, recuperation, privacy, and dignity at a time when they were already distressed and worried. These people mainly wanted to see restricted visiting times and visitor numbers for the sake of patients like them.

In a world with a continued focus on infection control, these views make ward visiting a difficult circle to square. We have to balance the rights, needs, and wishes of all patients, families, and clinical staff. We need a solution that allows ward staff a few hours in the morning to get on with rounds and key tasks, with minimal interruptions. Carers could be encouraged to visit and help at mealtimes, but rest times should still be protected. We need a solution that gives families reliable, clear routes to conversations with clinical staff and is mindful of pressures on staff time and workload—but without compromising confidential conversations with and about loved ones, with reciprocal expectations and obligations on all sides.

How realistic is that in real life?

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- 1 Oliver D. David Oliver: When visitors return to the wards. *BMJ* 2021;372:n832. doi: 10.1136/bmj.n832 pmid: 33789842
- 2 NHS England. Visiting healthcare inpatient settings during the COVID-19 pandemic: principles. 16 Mar 2021. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C1112-visiting-healthcare-inpatient-settings-during-the-covid-19-pandemic-v2.pdf>.
- 3 John’s Campaign. <https://johnscampaign.org.uk/>.