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CHEST

Family Calls and Visitation in the COVID-19 Era

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The hospital is quiet now. Visitor restrictions in the pandemic have silenced lobbies and hallways. Sofa chairs near the window—once sentry posts for family at their loved one's bedside—are now just one more flat surface in hospital rooms, a place to leave loose items and old magazines. Before COVID, doctors took family at the bedside for granted; it was easy to share updates and answer questions in real time. Now, we make phone calls.

In this new world, we ritualized the family call as part of our day-to-day practice. If you photographed a hospital workroom and edited out scrubs for business casual—removed the masks—I imagine it would look something like a call center. Folks sitting in front of computers and dialing out to consumers. On the other end: feedback a mix of satisfaction and frustration that ranges from "No changes, then? That's good!" to "No changes, then? That's disappointing."

Occasionally, some phone conversations puncture the banality of our new routine. I dread the calls when I explain how only two people can visit the hospital to see a dying loved one. It is one of those thankless, cringeworthy tasks of residency. As the front-facing member of medical teams, interns suffer the responsibility of sharing hospital protocol with families who, in some other universe, would have still felt that "visiting hours" are heartless.

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FINANCIAL/NONFINANCIAL DISCLOSURES: None declared.

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DOI: https://doi.org/10.1016/j.chest.2021.05.029

By my second week in the ICU, I had called Señora Rosa more times than I would have wanted. It was late winter, and her son was dying from liver failure, admitted for 24 days and counting. Our conversations were unusually lengthy because my Spanish was so poor. I relied wholly on interpreters to convey an image of a worsening patient—a man nearing death—dragging our calls out twice as long as an "ordinary" update.

He was a young man alone in the hospital. Evidence of his life dotted the room: neon green posters with painted red hearts, a book of psalms at his bedside, and pictures along the wall of a kind and lively person whose remnants lay in an ICU bed under a sheet of linens—blood crusted around his lips and eyes deeply yellowed. He didn't have COVID-19, but he experienced its cruelest consequence: like everyone else, he was allowed no visitors.

As he worsened, my outreach became more frequent. Over phone calls, I painstakingly communicated morally laden concepts like medical futility, one sentence at a time. Over video calls, Señora Rosa bravely witnessed her son's severity of illness, to the point where he no longer recognized her on camera. Slowly, conversations that once lasted almost an hour at a time became abridged. She asked fewer questions, and I had fewer answers. After she changed her son's status to DNR/DNI, no meaningful update remained other than "living" to "dead."

During this time, I had likely become a household name; the doctor keeping everyone from dinner, interrupting conversations, putting a show on hold. I had felt this way before. It happened whenever we crossed a threshold with patients: stably sick to *really bad.* This was the inflection point after which neither family nor physician looked forward to the calls, for they were bereft of hope, serving merely as harbingers of an inevitable outcome.

On the eve of transitioning her son to comfort measures, Señora Rosa asked me a question I'd been avoiding: "Can we see him now?" I had assured her in prior calls that her family could come to the bedside when we transitioned care. But I never shared details of our visitor restrictions, dodging a necessary conversation to spare her (and myself) grief.

Sitting in the workroom, I leaned as far back in my chair as possible; left hand nestled in my hair and right hand

pressing the phone to my masked face. It was an hour after rounds had ended and 2 days before her son would die.

"Yes, absolutely. Now that he's on comfort measures and nearing death, you should definitely see him."

I took a deep breath and reclined back a bit more, my eyes fixed to the ceiling: an intern becoming the mouthpiece for protocols he had no agency to amend.

"Unfortunately, only two people can come."

I understood some of the Spanish that came next. *Por favor, doctor … hermana y ninas … novia y yo … Dos personas*?! The interpreter spoke quickly but didn't need to. Sometimes, words are merely a formality, as the anguish in one's voice is enough to convey their suffering.

Gears turned: Señora Rosa considered different permutations to address a seemingly bizarre scenario. Mom and sister? Actually, maybe fiancé and daughter. Perhaps one person should come alone? By rationing the opportunity to say goodbye to her son, I had forced her into an impossible riddle in which someone would be pressured to stay home.

My seat clicked back up. I decided in that moment that I would bend the rules for them. Over the past 2 weeks, I had spent every day calling this mother; I called her daughter and her son's fiancé; I called them together and individually; called during the day and at night; called for consents or for code status. For better or for worse, I had earned this family's trust—I could not endure losing it. This much I owed to my dying patient.

So, I called again. But this time, I dialed the charge nurse. "Look, he's a young guy, and he's probably going to die soon. Can't we just get his mom, sister, and fiancé in here, at least?"

My chair was leaning again as I danced my way toward persuasion. We worked together quickly, cognizant of the patient's precious time, convincing our unit manager to approve an additional visitor and push visitation beyond 2 hours. One nurse cleaned his room while another alerted the front desk. I hurriedly called an interpreter to update Señora Rosa with the good news: three people could come.

It was the first time I heard her cry. *Muchas gracias, doctor. Muchas gracias.*

When she arrived, Señora Rosa looked different than what I imagined. She stood short; her brown hair faded down to the shoulders, and her eyes were pensive, carrying the burden of a mother losing her son. I imagined her thinking the same about me: *Donde esta su bata blanca?* "Where is his white coat?" But her voice was as I remembered, intonating like waves: rough but clear, soft but strong. It felt odd to hear it in person.

After some silence, I stood up to leave. I thanked the interpreter (once more) and turned back to Señora Rosa. In broken Spanish, I suggested that she could briefly take off her mask when I left the room. Maybe her son would recognize her face—and she could also then kiss him.

There remains little guidance to navigate ethics of visitor restrictions, especially in a pandemic when protocols are in constant flux. Families will continue trusting in the sympathy of providers to grant visitor exceptions, which is worrisome because we cannot know the impetus driving our compassion. Did I bend rules to put the needs of my patient first or to make our hospital (and myself) seem less heartless?

The answer depends entirely on who's making the call(s).[1]

[1]This piece was written during the second COVID-19 surge. Since then, some visitor restrictions have lifted thanks to vaccinations and public health efforts.