Combating Loneliness in COVID-19 Patients

As the world adjusts to social distancing, isolation, and quarantine, perhaps the loneliest places are our hospitals overrun in a new way. Increasingly our health care centers are filled with patients who have never been more isolated. Cold stethoscopes and gloved hands are a poor substitute for the reassuring human touch from loved ones.

Many patients are struggling to cope with the fear and uncertainty inherent to this illness without the care and comfort of friends and family. Any doctor will attest that patients fare better both emotionally and physically with their loved ones present to support them, yet out of necessity, we cannot allow these interactions to occur. Hospital visitors would be at risk of contracting the virus and would therefore increase risk to the general public and the medical staff. The reality is most patients will fight this illness with only the support of busy, overwhelmed healthcare workers; even more demoralizing is that many will die alone.

In an effort to combat social isolation and to maximize available space, at Temple University Hospital we have implemented a policy whereby many hospitalized COVID-19 patients are housed in rooms together. Since each patient has confirmed coronavirus and there is no data at this time to suggest those already infected pose any risk to one another, this could help combat the loneliness and isolation COVID-19 patients are experiencing.

It is well known that rates of depression are higher among inpatients compared to the general population regardless of underlying health conditions (1, 2). This depression tends to occur even when social support is robust, though seemingly at lower rates. Patients infected with COVID-19 are also likely at increased risk of delirium due to the level of isolation and prolonged hospitalization they must endure. Given their increased risk of depression and delirium, creative strategies to combat these adverse effects are necessary.

Housing patients together may help each find camaraderie and comfort in one another. This may help patients combat feelings of loneliness and may also prove beneficial in the prevention of delirium and depression. Studies have shown that critically ill, delirious patients have more delirium free days when they are exposed to family voice and frequent re-orientation (3, 4, 5). There is also extensive data to suggest depressed patients also do better when they are less socially isolated.

Beyond just housing patients together, we have focused on grouping patients together if they share a common language. This will provide additional support to patients who may often feel isolated in our medical system. As we are also seeing multiple members of the same family presenting with COVID-19, we are focusing on grouping them in rooms together when medically appropriate. This provides robust encouragement by allowing hospitalized family members to see one another.

In addition to the mental and physical benefits this system will provide for our patients, it is also a pragmatic technique. As hospitals around the country face shortages of protective equipment as well as physical space within their walls, this will serve to conserve valuable protective

equipment and create additional spaces for patients. It will also decrease health care personnel exposure by decreasing the number of times PPE must be donned and doffed. There may also be added benefit of these patients may assist on another in notifying medical staff if needed.

This policy may also decrease the mental strain on hospital staff. It is difficult to witness patient suffering and have fewer resources with which to provide comfort. This system may provide reassurance to staff that there is another person helping to support a patient when healthcare personnel are stretched thin. Perhaps placing patients in rooms together not only serves the pragmatic purpose of maximizing resource utilization and minimizing staff exposure, but also helps to ease the burden physicians and patients feel from the isolation inherent in the age of the novel coronavirus.

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