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Intensive care unit visitation policies in Brazil: firsts steps in Latin America

Políticas de visitação na unidade de terapia intensiva no Brasil: primeiros passos na América Latina

Intensive care medicine is a complex process with important repercussions for patients' families. A systematic approach that incorporates family care is one of the pillars of humanized care. Beyond human aspects, this philosophy is associated with pragmatic outcomes and better communication and family satisfaction with care. (1,2)

Some authors have shown how family satisfaction with care provided in the intensive care unit (ICU) is influenced by factors other than open visiting hours or the frequency of visitation. These factors include good communication skills, ICU staff courtesy, compassion, respect, high quality information provided to the family, and a satisfactory level of health care received by the patient. Structural aspects, such as waiting rooms, facilities for short or long stay for the family, and visitation logistics (the number and time allowed for visits) are also important. However, it is important to keep in mind that the open visitation policies are controversial, leading to numerous debates among experts around the world. Health care staff have justified restricted visiting hours by claiming that visitation interferes with the delivery of nursing care and that their work demands are increased by family questions, concerns and requests. Intensive care societies emphasize the need for the implementation of humanized care, and an optimum balance is needed.

The survey presented by da Silva Ramos et al. (7) in this edition is the first study in the field in Latin-America. The study type, an electronically mailed survey, might have limitations that would explain the number of responders and a geographic focus on southeastern regions. (8) However, this fact should not negate the value of their observations and the discussion that follows.

Focused on structural and logistic aspects, the study shows that a family-friendly environment is a distant reality. The main finding was that only a small number of ICUs have open visitation policies, although they are flexible in end of life situations. Despite the growing international recognition of the importance of an open visitation policy in the ICU, this study shows that it may be difficult to implement due to the lack of adequate resources for accommodating visitors.

There is increasing consensus about the fact that an open ICU policy is very important to both critically ill patients and their family members. However, ICU workers feel that the greatest impact of an open visitation policy is the benefit to the patients, rather than to the family or to the physicians or nurses,

which is in agreement with the findings of da Silva Ramos et al. and other authors, such as Errasti-Ibarrondo. (9-11) Family visitation should be balanced with the care that is needed for the recuperation of patients.

Further research is needed to evaluate patient preferences regarding open visitation policies. This study is the first of a series that should be conducted to better comprehend the characteristics and uniqueness of visitation policies and their implementation in Latin-America.

REFERENCES

- Lautrette A, Darmon M, Megarbane B, Joly LM, Chevret S, Adrie C, et al. A communication strategy and brochure for relatives of patients dying in the ICU. N Engl J Med. 2007;356(5):469-78. Erratum in N Engl J Med. 2007;357(2):203.
- Fumis RR, Nishimoto IN, Deheinzelin D. Families' interactions with physicians in the intensive care unit: the impact on family's satisfaction. J Crit Care. 2008;23(3):281-6.
- Baharoon S, Al Yafi W, Al Qurashi A, Al Jahdali H, Tamim H, Alsafi E, et al. Family Satisfaction in Critical Care Units: Does an Open Visiting Hours Policy Have an Impact? J Patient Saf. 2014 Aug 18. [Epub ahead of print].
- Farrell ME, Joseph DH, Schwartz-Barcott D. Visiting hours in the ICU: finding the balance among patient, visitor and staff needs. Nurs Forum. 2005;40(1):18-28.
- Davidson JE, Powers K, Hedayat KM, Tieszen M, Kon AA, Shepard E, Spuhler V, Todres ID, Levy M, Barr J, Ghandi R, Hirsch G, Armstrong D; American College of Critical Care Medicine Task Force 2004-2005, Society of Critical Care Medicine. Clinical practice guidelines for support of the family in the patient-centered intensive care unit: American College of Critical Care Medicine Task Force 2004-2005. Crit Care Med. 2007;35(2):605-22.

- Valentin A, Ferdinande P; ESICM Working Group on Quality Improvement. Recommendations on basic requirements for intensive care units: structural and organizational aspects. Intensive Care Med. 2011;37(10):1575-87.
- da Silva Ramos FJ, Fumis RR, Azevedo LC, Schettino G. Intensive care unit visitation policies in Brazil: a multicenter survey. Rev Bras Ter Intensiva. 2014;26(4):339-46.
- 8. Eysenbach G, Wyatt J. Using the internet for surveys and health research. J Med Internet Res. 2002;4(2):E13. Review.
- da Silva Ramos FJ, Fumis RR, Azevedo LC, Schettino G. Perceptions of an open visitation policy by intensive care unit workers. Ann Intensive Care. 2013;3(1):34.
- Farrell ME, Joseph DH, Schwartz-Barcott D. Visiting hours in the ICU: finding the balance among patient, visitor and staff needs. Nurs Forum. 2005;40(1):18-28
- Errasti-Ibarrondo B, Tricas-Sauras S. [Benefits of flexible visitation in the intensive care units for the family of critical patients]. Enferm Intensiva. 2012;23(4):179-88. Review. Spanish.