

Citation

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Protection of vulnerable people in need of care

>> AmOn 6 April 2024, Sabine Rennefanz described her experience and her lingering lack of understanding of the bans on visiting seriously ill and dying people in her article in the Tagesspiegel: 'Was ich nicht verzeihen kann - über den Tod meiner Mutter in der Pandemie' (1).

People in need of care, as well as residents of nursing homes, were among the hardest hit by the SARS-CoV-2 pandemic, and not only in Germany. On the one hand, the approximately 800,000 residents of the approximately 14,000 German nursing homes in Germany had a very high risk of becoming seriously ill with COVID-19 or dying from it if they were infected with SARS-CoV-2. On the other hand, the protective measures taken and restrictions on visits, including total isolation and lockdown, have led to extreme isolation, loss of quality of life and will to live as well as states of confusion among those in need of care in numerous facilities. It seemed that despite having learned about hygiene, isolation, mask handling and personal behaviour, too many people's own thought processes were switched off.

Figures, data and facts were inadequate and were not developed accordingly until the end of the pandemic, despite many tips from experts (2). As a result, too many decisions were made and implemented based on superficial analyses. The number of reported infections did not have a population-based approach until the end of the pandemic, and cohort studies were lacking. Later test availability and complicated access, but also application frequencies, influenced the reported cases received by the Robert Koch Institute (RKI). The mortality figures could not be validly presented - who had died from or with coronavirus? Due to the continuing lack of data, unspeakable suffering was caused, especially among children and young people, but also among those in need of care and the dying, with decisions such as lockdowns, contact restrictions or visiting bans. Despite numerous reports, inspections by supervisory authorities were neglected almost nationwide and, if they took place at all, were mostly only carried out by telephone.

During the pandemic, positive developments were also reported in individual facilities, which were primarily based on preventative measures and exemplary trained staff (3).

The current attempts by scientists (4), politicians, experts and the media to come to terms with the situation are encouraging and look to the future: Many things must be different in the next pandemic, we must have learnt enough from the mistakes of the corona measures to initiate humane procedures with precision and confidence.

It is recommended that an emergency plan - e.g. a manual in the event of a crisis - is adopted nationwide. A staged catalogue of measures should be maintained, regularly trained and constantly adapted to the latest findings. This includes

- Binding rules and measures in the event of an infection or outbreak have been drawn up and are known throughout the organisation, such as
- a crisis team is prepared and operational
- all necessary contact details are up to date (internal and external to doctors, clinics, health authorities)
- a spatial separation between infected and non-infected persons can be established
- Care procedures for infected persons are structured and regular exercise intervals are organised
- a coherent hygiene concept is in place
- recommended vaccination campaigns for residents and staff are organised by the company
- the provision of high-quality protective materials is ensured and continuously monitored
- qualification and training measures for staff (including during 'infection-free' periods) are organised on a regular basis
- patient/resident-friendly duty rosters with the highest possible staff continuity are mandatory and verifiable at all times
- good and open communication with those affected, their relatives and carers about the measures to be taken and their duration is standard .

Society, self-governing organisations, service providers and those affected/their relatives are equally called upon to take joint responsibility for finding viable solutions that are acceptable to those affected. The following applies to all preventive measures: Whether in hospitals, inpatient care facilities or in outpatient care at home: Despite the highest possible protective measures in the event of newly occurring high infection rates, total isolation of people in need of care should be avoided. This includes severely restricted visiting rules, a lack of or too few therapeutic and recreational services and, also very importantly, a lack of dialogue in the interaction between the people and institutions involved. Until then, researchers are called upon to improve the study situation in Germany and the basis of cohort-related data. <<

Literature:

1: Rennefanz, Sabine: Was ich nicht verzeihen kann, im Tagesspiegel unter Debatte: 06.04.2024, Seite 11

2: Schrappe, M. et al. in: Monitor Versorgungsforschung 03/20: Thesenpapier 1.0 zur Pandemie durch SARS-CoV-2/Covid-19, 02.06.2020, Seite 53-63.

3: Schrappe, M. et al. in: Monitor Versorgungsforschung 06/20: Thesenpapier 5.0: Spezifische Prävention als Grundlage der „Stabilen Kontrolle“ der SARS-CoV-2-Epidemie, 07.12.20, Seite 69-75

4: Tagesspiegel 01.06.24: unter Politik, 6: „Wissenschaftler fordern: „Wir müssen aus der Pandemie lernen“