In My Opinion

What Happened to Person-Centered Care? Observations During the COVID-19 Pandemic

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What happened to person-centered care (PCC)? With the advent of the coronavirus disease 2019 and the hysteria about infection rates, we as health care providers seem to have lost our ability to provide PCC. Some facilities may bar significant others (spouses and partners) from waiting rooms, examination rooms, and testing scenarios. Why does this make sense? The significant other spends 24/7 with the patient; thus, the infection risk is probably no greater, allowing the significant other to remain.

During a recent physician visit, this author observed front desk staff speaking to an older couple rudely without empathy or compassion. "No one is allowed back with the patient." "No, you can't go back." The older gentleman was there for pulmonary function tests. The wife was speaking to the front desk clerk because her husband was very hard of hearing. When his wife told him that she could not go back with him, he became distraught and refused to undergo the testing. The front desk clerk then said, "It sounds to me like he can hear you." This uninformed front desk clerk failed to understand that the older gentleman was accustomed to his wife's tone and inflection, and, thus, she knew how to help him hear better. One cannot say the same for the technician doing the testing. The result was the wife sitting in the hallway (not even in the waiting room) while the older gentleman reluctantly went back for the testing.

Why wasn't this significant other (wife) allowed to go back with her hard of hearing husband? What happened to PCC in this situation? Was the technician safer because the wife sat in the hallway? What about the efficacy of the testing and the possible emotional trauma to the older gentleman?

Alternatives

First, welcome significant others to your practice similarly to patients. Prescreen and require them to wear a mask while in the waiting and examination rooms. Second, educate front desk staff on the best way to interact with patients in a caring, person-centered manner. The front desk staff are the faces of your practice. Their mannerisms and attitudes could drastically affect patient satisfaction and the likelihood patients return or don't return to your clinic or office. Finally, not all older adults need to be seen in person. If a telephone or video visit is possible, explore that option. Before the telephone or video visit, ensure that the patient has the needed equipment necessary, such as hearing aids and spare batteries, to participate in the telephone or video visit and that a caregiver or family member will be in attendance to help him or her connect and stay connected. With that being said, sometimes an in-person visit is essential. For example, the pulmonary function testing for the older gentleman described earlier must be done in person.

In-person visits should not add stress to older adults' lives. Being met by rude and compassionless front desk staff telling them they can't be together during the visit is the wrong approach. The goal should be to make seeing a health care provider as safe and person-centered as possible. Discounting or removing significant others from vulnerable older adults is not the answer. Respecting their need to have their spouse or partner with them while receiving needed medical services should be our primary goal.

Reference