

## **POSITION STATEMENT: *I am not a visitor. I am his wife and life partner.***

### **Introduction**

This document refers to spouses/partners who, for definition purposes, were and still are caregivers. It is intended to respond to the profound impact of prolonged separation on residents of long-term care homes (LTCHs) and their spouses/partners due to visiting restrictions implemented in response to COVID-19. In essence, it has been prepared in response to the experiences and reflections of nine couples who have been deeply affected by this separation firsthand – experiences that will surely have longstanding impacts on their families and that will not soon be forgotten. Their thoughts, their feelings and the harm to which they have been exposed is captured in the companion impact statement entitled *My heart aches every day. Is anyone listening?*

### **Background**

Sudden and drastic changes to LTCH visiting policies in Ontario in response to COVID-19 resulted in extreme disruptions to the daily lives of residents and their spouses/partners. The prolonged period of separation has inflicted harm and trauma on both residents and their spouses/partners, with many commenting on how small and sad their worlds have become. Of course, none of this has been intentional - but may have been avoidable. This must never happen again.

Guided by the principle of person-centredness, spouses/partners should have been considered and consulted as integral members of the care team before restrictions were put in place in response to COVID-19. The presence of spouses/partners in these roles means their loved ones benefit directly from their care, support, monitoring and encouragement. These significant contributions have been blatantly overlooked in the past months and have further deepened the effects of separation.

### **Response to Policy Interventions**

Spouses/partners of LTC residents fully support the recommendations offered by the Royal Society of Canada Task Force on COVID-19 in June 2020 and the statement prepared by the Regional Geriatric Programs of Ontario on 29 June 2020. They are particularly thankful to the Registered Nurses Association of Ontario (RNAO) for releasing their clear articulation of a safe, humane and step-by-step approach to reuniting family with their loved ones in long-term care homes during COVID-19, as released on 15 July 2020.

Further, spouses/partners were extremely pleased with the Ontario Government's news release of 2 September titled "Welcoming Caregivers to Ontario's Long-Term Care Homes". This release clarified the definition of an essential visitor: "caregivers are essential visitors and important partners in care who provide direct care to residents — such as helping with feeding, mobility, hygiene, or cognitive stimulation. They can be family members or friends, privately hired caregivers, paid companions and/or translators."

The fact that *cognitive stimulation* was included recognized the important role that spouses/partners play in the overall wellbeing of the resident. The cognitive stimulation that spouses/partners provide cannot be replicated by staff. Families should not be expected to provide hands on care. In fact, many

are not able to do so because of their own frailty or other factors. However, they do and want to provide the very essential cognitive stimulation that staff do not have the time to adequately provide.

Having said this, one phrase in the 2 September release concerns spouses/partners: “The updated policy provides clarity that caregivers are allowed to visit homes at any time, including during an outbreak, subject to direction from the local public health unit.” Sadly, this leaves spouses/partners remaining anxious that should an outbreak occur they could, by the public health unit, once again be denied access to their spouses/partners despite the Ministry’s recent directives.

Spouses/partners of residents in LTCHs are more than willing to do whatever they have to do to be with their spouses. Going forward, it must be an imperative to engage residents and caregivers in decisions and planning related to matters that impact the quality of their relationships and mental health of both the resident and the caregiver. To do anything less would again fall short of honouring the duty to care and social contract that exists to protect us all.

### **Going Forward**

As caregivers (essential visitors), spouses/partners fully expect that the following policies will continue to be implemented with consistency and in full partnership with those affected:

- Each resident and/or their substitute decision maker may designate a maximum of two caregivers.
- Caregivers can visit, without time limits.
- If a home is not in outbreak, and the resident is not self-isolating or symptomatic, caregivers can visit together. If a home is in outbreak, or the resident is self-isolating or symptomatic, they must visit one at a time to limit risk of transmission and follow direction from the local public health unit.
- Additionally, spouses/partners believe strongly that all visitors should be required to show proof of a negative COVID-19 test before entering LTCHs, rather than simply having to attest to this.

In closing, spouses/partners of residents in LTCHs are extremely grateful and express their appreciation for the dedication and care provided by LTCH team members over the last several months to keep their loved ones safe. They appreciate the assistance of Don Wildfong in preparing this statement.

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