

I was sick and you came to visit me: time spent at the bedside of seriously ill patients with poor prognoses.

Sulmasy DP, Rahn M. Am J Med 2001;111:385-389

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Abstract:

Purpose: To learn how much time hospital staff and families spend at the bedsides of seriously ill patients with poor prognoses. **Subjects and Methods:** An observational study was made of 58 inpatients with cancer, acquired immunodeficiency syndrome, heart failure, obstructive lung disease, or advanced dementia, along with their families and the physicians and nurses working on the medical floors of a university hospital, using direct videotape surveillance of patients' doorways. **Results:** The mean (\pm SD) total visitor-minutes spent in the rooms of these patients was 321 ± 297 minutes per day. On average, patients spent 18 hours 39 minutes per day alone. Mean visit durations were 3 ± 3 minutes for attending physicians (including consultants), 3 ± 2 minutes for house officers, 2 ± 1 minutes for nurses, and 24 ± 51 minutes for family. The total person-visits per patient per day were 3 ± 3 for attending physicians, 9 ± 8 for house officers, 45 ± 23 for nurses, and 13 ± 21 for family. Patient sex and age were not significantly associated with total visitor-minutes. In a repeated-measures analysis of variance model, nonwhite patients received fewer total visitor-minutes than did white patients, and patients with dementia received fewer total visitor-minutes than did patients with other diagnoses especially those with malignancy. Do-not-resuscitate orders were associated with slightly more total visitor-minutes. **Conclusions:** These seriously ill patients with poor prognoses spent most of their time in the hospital alone. Staff visits were frequent but brief. These data do not confirm anecdotal reports that staff members spend less time at the bedsides of patients with do-not-resuscitate orders. Patients with advanced dementia and minority patients appear to have less bedside contact. Further study is required to confirm these findings and to understand optimal visit time for medical inpatients with poor prognoses.

Comments:**Strengths/uniqueness:**

This study represents a novel approach to investigating interactions of staff and families with seriously ill patients with poor prognoses. The use of direct observation by videotape was a methodological strength.

Weaknesses:

A large number of patients were excluded and the sample size was small, limiting generalizability of findings. Observations were made over a single 24-hour period, which may not have been necessarily representative of interactions over a longer period of time. Other disciplines that may have visited patients (e.g. volunteers, pastoral care workers) were not mentioned. Qualitative aspects of interactions were not examined in this study.

Relevance to Palliative Care:

This study suggests that palliative patients admitted to acute care hospitals spend a lot of time alone. How this affects

patients' wellbeing is unclear. Patients should be assessed individually and mechanisms for support identified when needed. Patients who are cognitively impaired or from minority groups may be particularly vulnerable. The reasons underlying the brevity of physician visits, and the impact on quality of physician-patient relationships and patient outcomes, deserve further exploration.