

LETTER TO THE EDITOR

Open-door Intensive Care Units: Are the professionals ready? ☆



Cuidados intensivos de puertas abiertas: ¿estamos preparados los profesionales?

Dear Editor,

As a nurse in the adult intensive care unit, I have often thought about our patients' need to be able to have a loved one near them for as long as they wish. What are known as open-door or flexible-visit intensive care units allow us to move away from more restrictive or closed regulations to which we are still mostly accustomed. Although each hospital generally has different policies, they are based on one or two visits per day and sometimes the number of visitors per patient is also restricted. Fortunately the days when visits were only made from the other side of a glass partition are practically over. The anxiety on both parties from their inability to hug and touch their loved ones was insurmountable.

If we consider flexible visiting hours, attention is mostly focused on the family members' wishes or those of the patient. It is clear that many families would ideally like to choose for themselves when and how much time they spend with their family member, not only through their desire and need to be with them, but also to be able to match visits to their working day and family commitments.

We should not forget that the patient is the centre of care. Family is naturally important but the wishes and needs of our patients must always take precedence over the family.

It is, however, true that increasingly more patients and family members support the open-door units and that little by little professionals are becoming aware of the benefits this provides for patients and their family members.^{1,2} There are increasingly more ICUs with more flexible visiting hours, although for adult ICUs the possibility of having 24 hour visits is still very rare.³

It is true that in those units where this is not yet a reality and although increasingly more professionals are in favour of it, changes must be made progressively and specific training will sometimes be needed for this transition, and to overcome obstacles or hindrances. At times professionals are reluctant to have open-door ICUs because we consider that this may hamper the organisation of care, delay doctors' visits, create difficulties in communication with families, increase the belief that the family may destabilise the patient, take away care time, etc.^{4,5}

As intensive care professionals we should be prepared to open the doors of the ICU, and as nurses we have to allow family members to become involved in care if they want to and if the patient wants this. We are also responsible for creating a warmer and more human environment which helps us all cope with the high level of technology in our ICUs. Are we therefore prepared for this change as professionals? I humbly think we are, but only if we all work as a team and involve patients and family in the process, because they are actually the focus and incentive of our job.

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