

# Ethics and Care of Elders in Residential Care Homes during COVID-19 Pandemic

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# Issues and Concerns raised on COVID-19 in LTCF/ RCHE raised by a JAGS Editorial

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Journal of the  
American Geriatrics Society



Editorial | [Free Access](#)

## COVID-19 Deaths in Long-Term Care Facilities: A Critical Piece of the Pandemic Puzzle

Rossana Lau-Ng MD, MBA, CMD, Lisa B. Caruso MD, MPH,, Thomas T. Perls MD, MPH, AGSF✉

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Citations: 2

Twitter handles of authors: [@thperls](#), [@RLauNgMD](#), [@LisaCarusoMD](#)

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## FOR MANY STATES AND COUNTRIES, MOST COVID-19 DEATHS OCCUR IN LTCFs

As of May 28, 2020, 26 states had 50% or more of their coronavirus disease 2019 (COVID-19) deaths occur in long-term care facilities (LTCFs), with Minnesota and Rhode Island

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jgs.16806>

Letter to the Editor: Submitted 22 July 2020

Accepted manuscript online: 24 August 2020

Version of Record online: 2 Oct 2020

Kong T-K. Comment on: COVID-19 Deaths in Long-Term Care Facilities: A Critical Piece of the Pandemic Puzzle. JAGS (in press)

- The general pattern of LTCFs frequently being sites for COVID-19 outbreaks and deaths
  - but **Hong Kong has been an exception**
- Why LTCFs are so vulnerable to COVID-19?
  - **asymptomatic transmission** as the “Achilles Heel”
- The need to address the psychosocial toll and to preserve the quality of life of LTCF residents
  - **isolation and loneliness**

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jgs.16804>

Letter to the Editor: Submitted 13 Aug 2020

Accepted manuscript online: 24 August 2020

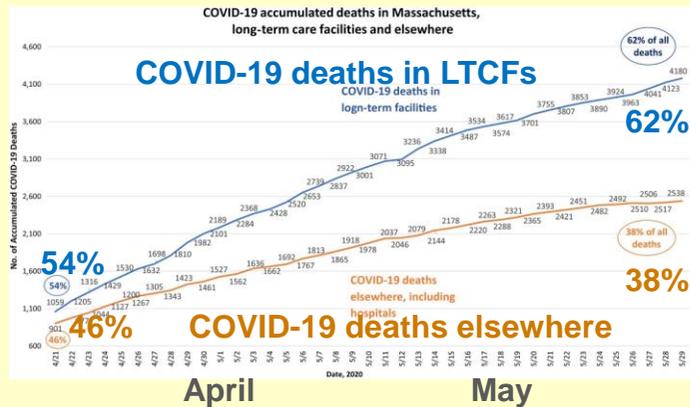
Version of Record online: 2 Oct 2020

Lau-Ng R, Caruso LB, Perls TT. Reply to Comment on COVID-19 deaths in long term care facilities - a critical piece of the puzzle. JAGS (in press)

# Hong Kong has been an exception to the general pattern of residential care homes frequently being sites for COVID-19 outbreaks and deaths

## Editorial:

- LTCFs as sites for COVID-19 deaths



- Why Hong Kong has been an exception?
  - quarantine from hospital
  - contact tracing and isolation
  - care home infection control drill

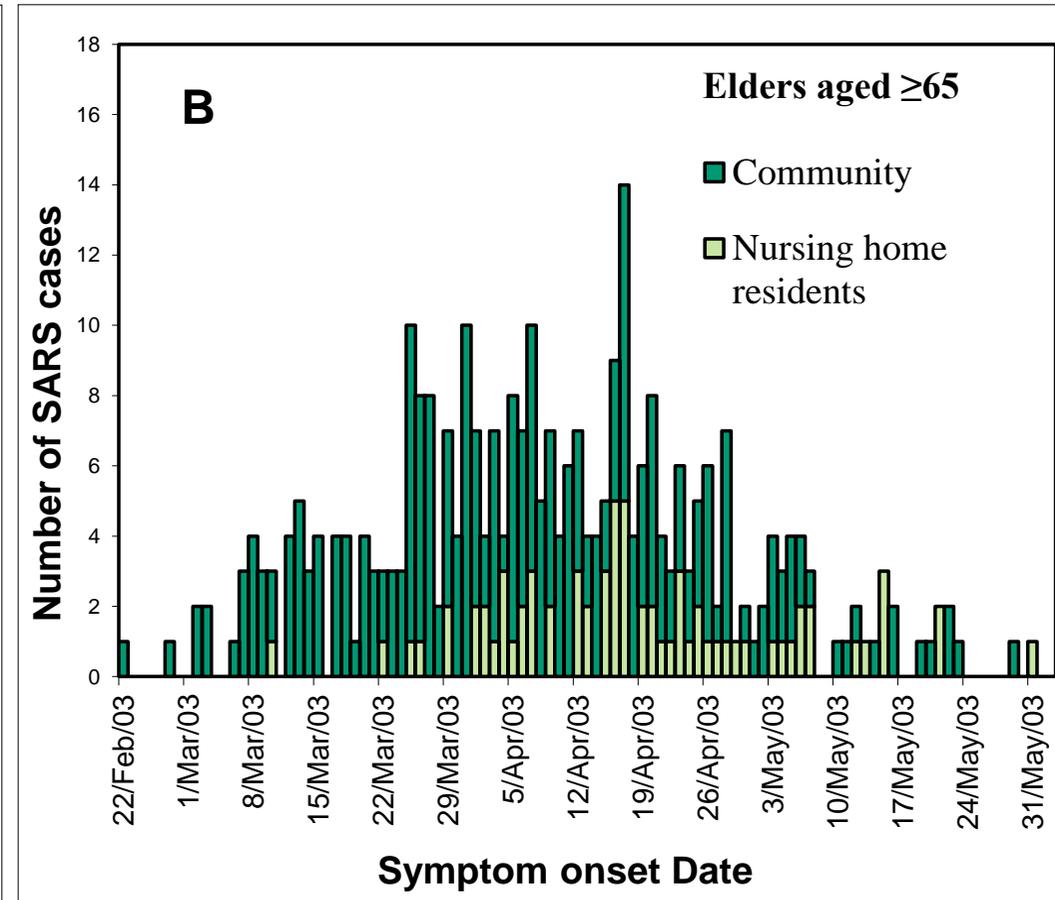
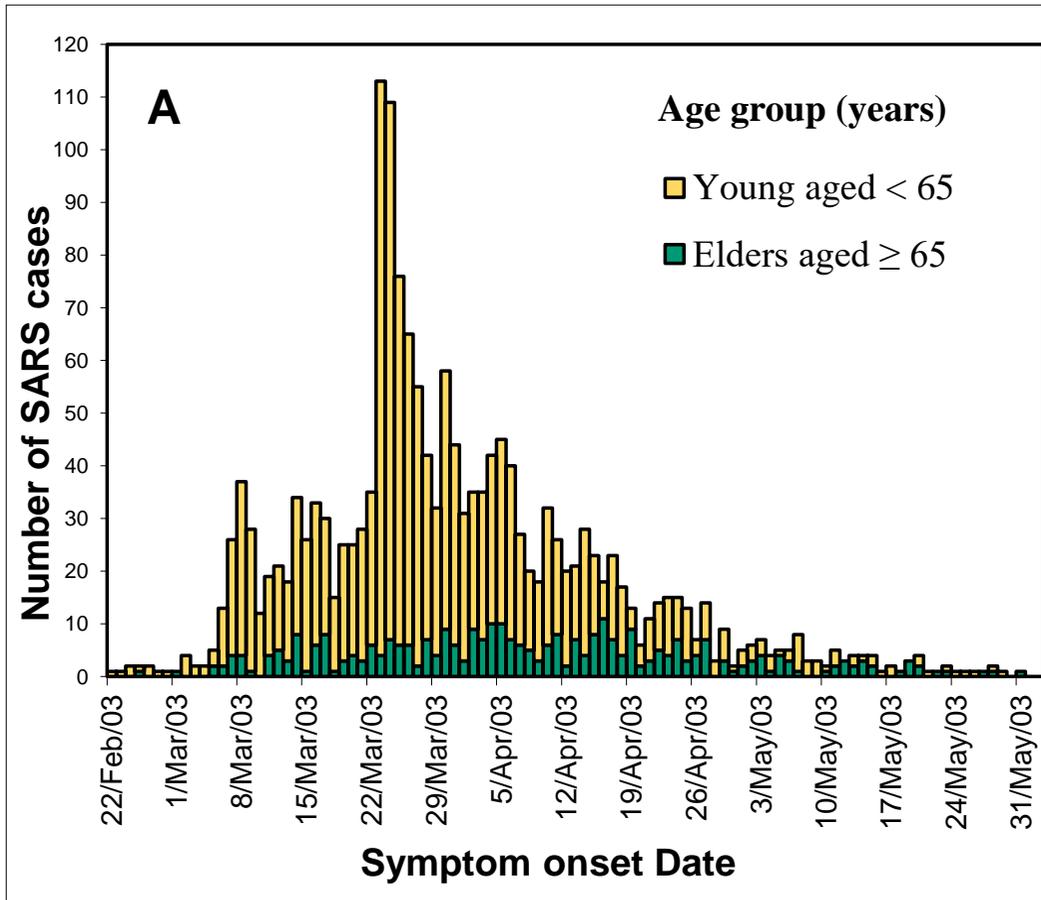
## Comment:

- Why Hong Kong has been an exception?
  - improvements of infection control measures in RCHE were built on lessons learnt from SARS epidemics in 2003 (14% deaths were from RCHE, mortality 78%)
  - collaboration among medical, social welfare, and private sectors is the key to early detection & prevention of spread
  - hospital-based community geriatric teams to support RCHE and frail elders
  - no COVID-19 outbreaks occurred in 953 RCHE until 7 July 2020

## Reply:

- The situation in US
  - public-private collaboration: coordinating access to frequent and high volume COVID-19 testing requires financial and laboratory support for LTCFs
  - communities with high infection rates have more reported cases of COVID-19 and COVID-19 deaths in LTCF

# Elders and residential care home residents were affected later in the SARS epidemic in 2003 → The more ambulatory spread the infection to the less mobile



**SARS epidemic curve in Hong Kong.**

**(A) For young and old. (B) for elders living in community and nursing home residents.**

Source: Kong TK. SARS: geriatric considerations. In: Chan JCK, Taam Wong VCW, eds. Challenges of Severe Acute Respiratory Syndrome. Singapore: Elsevier; 2006:451-476.

# Why LTCFs are so vulnerable to COVID-19?

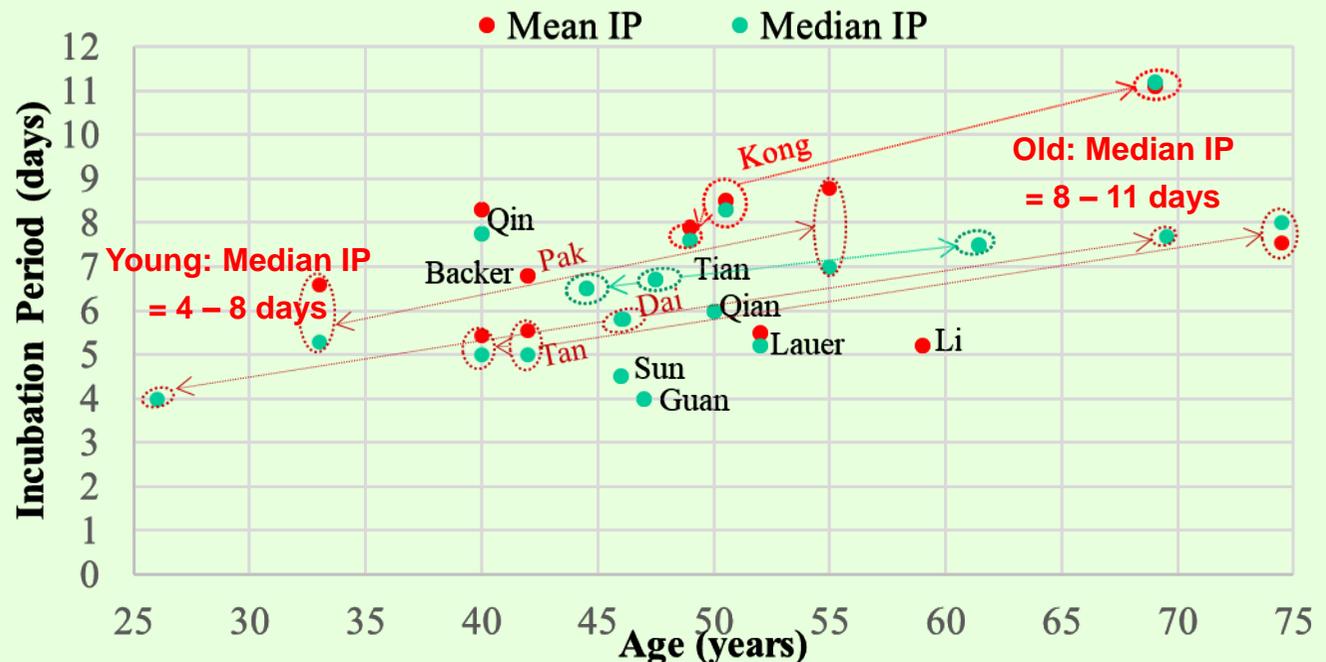
## Asymptomatic transmission as the “Achilles Heel”

### Editorial:

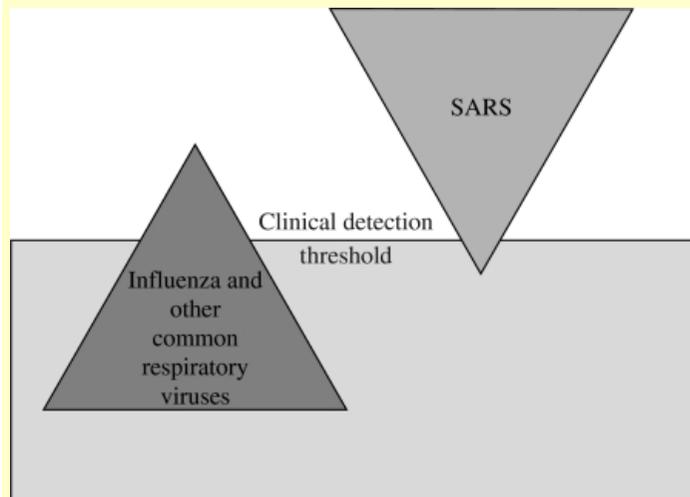
- structural, care, and social characteristics that make LTCFs vulnerable to the spread of COVID-19
- asymptomatic transmission as the “Achilles heel”
- Gandhi M, Yokoe DS, Havlir DV. Asymptomatic transmission, the Achilles’ heel of current strategies to control Covid-19. N Engl J Med 2020;382:2158-2160.

### Comment:

- Arons MM, Hatfield KM, Reddy SC, et al. Presymptomatic SARS-CoV-2 infections and transmission in a skilled nursing facility. N Engl J Med 2020;382:2081-2090.
- Kong T-K. Longer incubation period of coronavirus disease 2019 (COVID-19) in older adults. Aging Med 2020;3:102-109.
- **presymptomatic transmission predisposed by longer incubation of COVID-19 in older adults**



- supports extending the duration of transmission-based precautions, isolation and observation strategies for care home residents to minimize spread



# How long to quarantine/ observe at-risk care home residents?

## British Geriatrics Society Blog:

- <https://www.bgs.org.uk/blog/did-the-uk-response-to-the-covid-19-pandemic-fail-frail-older-people>

## Did the UK response to the COVID-19 pandemic fail frail older people?

14 MAY 2020

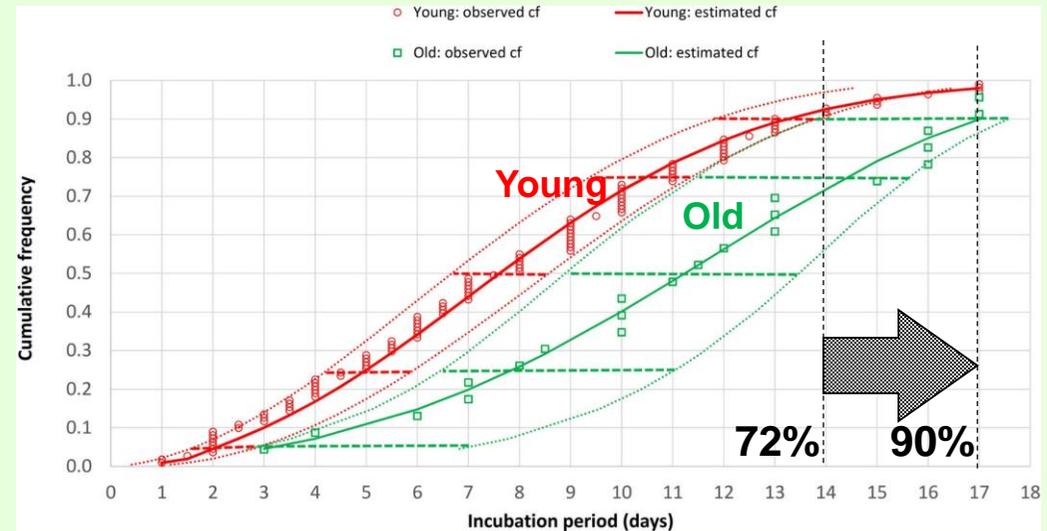
Acute Care, Primary and Community Care, Age and Ageing Journal

Rowan H Harwood is a consultant geriatrician and Professor of End-of-Life Care at the University of Nottingham. He is Editor-in-Chief of *Age and Ageing*

- **Uncertainty** over date of onset and length of infectivity, insufficient testing and relative lack of PPE in care homes has exacerbated their inherent risk. A **precautionary approach** would have protected care homes by **quarantining** new or returning residents for **longer**. The widespread outbreaks, mortality and threats to residents' long-term wellbeing suggest we did not get this right.

## Comment:

- Kong T-K. Longer incubation period of coronavirus disease 2019 (COVID-19) in older adults. *Ageing Med* 2020;3:102-109.



- Extending the quarantine period from the current adopted duration of **14 days to 17 days for older adults** would increase the coverage from **72% to 90%**.

Pak D, Langohr K, Ning J, Cortés Martínez J, Gómez Melis G, Shen Y. Modeling the Coronavirus Disease 2019 Incubation Period: Impact on Quarantine Policy. *Mathematics* 2020;8:1631.

The findings from analysis of the confirmed COVID-19 cases indicate that age could be associated with the incubation period, and an **age-specific quarantine policy** might be more efficient than a unified one in confining COVID-19.

# The need to address the psychosocial toll and to preserve the quality of life of care home residents: Isolation and Loneliness

## Editorial:

- The situation in US
  - LTCFs no longer homely
  - families & residents have become heartbroken with **no visiting** policy
  - loneliness & anxiety associated with **depression, frailty, and progression of cognitive decline**
  - proposal: **virtual visits, computer screens** in LTCF residents' rooms, allowing for communication between residents & their loved ones & participation in activities.

## Comment:

- The situation in Hong Kong
  - concern on an **epidemic of loneliness** (SCMP 13 June 2020)
  - physical distancing ≠ social distancing
  - **low visiting** policy in a care home balancing risks/benefits of human contact during COVID-19 epidemic
  - **virtual visits** via robotic health care assistant (Temi medic)  
<https://www.maryrehab.com/temimedic>

## Reply:

- The situation in US
  - many states have started allowing some type of **socially distanced visitation** for LTCFs
  - the Minnesota DH is allowing family members & those who serve a caregiving role to a LTC resident the designation of **“essential caregiver”**, to meet the needs of residents.
  - volunteers from the Yale School of Medicine Geriatrics Student Interest Group had weekly **telephone conversations** with LTC residents

**“Robotic (health care assistant) is exempted from the Law of social gathering ban!”  
Granddaughter paying virtual visit to a resident during her 14-day quarantine in care home  
upon discharged from hospital after an episode of pneumonia**

**明報 2020/05/15: 肺炎婆婆院舍隔離視像機械人解家屬憂**



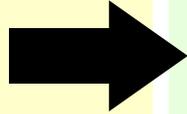


# Reorienting Risk-centred Medicine:

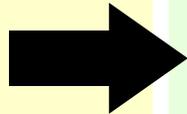
## From Absolute Protection in the name of Safety to Safe...

### Concern, Fear:

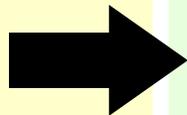
- Fall risk



- Aspiration risk

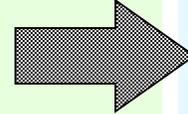


- Infection risk

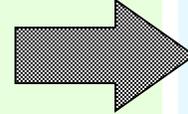


### Reaction, Protection:

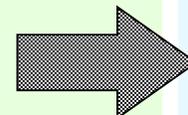
- Restraint



- Tube feeding



- Isolation/ No visiting



### Balancing risk/benefit, Attending to human needs:

- Safe mobility, Wandering with a purpose

- Safe feeding/ swallowing

- Safe visiting