

End social isolation of people in nursing homes!

Urgent recommendations from BAGSO to politicians

The spread of the coronavirus SARS-CoV-2 in Germany since the beginning of March 2020 and the associated risks for individuals and the health care system have led the Federal Government and the Länder (federal states) to impose a large number of restrictions on freedom, which was welcomed and supported by a large majority of the population. Particularly in need of protection were and are people who live in nursing homes – due to their often very old age and the resulting multimorbidity. In some cases, the coronavirus spread within institutions causing a large number of deaths. An important reason for the rapid spread within the institution is probably that protective equipment for staff was in short supply

from the outset. In order to protect against such chains of infection and their devastating consequences, visiting bans or restrictions were therefore imposed in all federal states, in some cases including curfews for residents. The regulations are very different. Berlin and Thuringia, for example, allow visits by relatives within a certain limit, while in Rhineland-Palatinate at least spouses and civil partners as well as legal guardians and authorised representatives have limited access. In all other federal states, the bans on visits are comprehensive, exceptions usually only apply to people in end-of-life care. Even this is partly left to the discretion of the institutions, so that in quite a few cases even closest relatives were denied to accompany the dying person. In 13 federal states, personal contact with close family members has been prohibited for six weeks now, and in North Rhine-Westphalia this ban on contact is even backed up by a fine.¹



¹ Cf. https://www.land.nrw/sites/default/files/asset/document/2020-03-30_bussgeldkatalog.pdf.

Contact between residents was also restricted and sometimes completely denied for long periods of time; residents were sometimes told to stay in their rooms all day and also to eat their meals there. Physiotherapy and other therapies were partly reduced to zero.

One positive aspect that needs to be emphasised is that, in our opinion, many facilities have made exemplary efforts, sometimes together with external players, to organise compensation for the lack of personal contacts. Examples include the temporary employment of armed forces as people providing temporary civil service, the organisation of video telephony, balcony discussions, postcard campaigns or concerts in the yards and the establishment of a "farewell room" near the entrance to enable the dying to be accompanied in dignity.

However, this commitment by individuals does not change the fact that the regulations which have been and are being made by the federal states are by far the most serious infringements on fundamental rights in the entire Corona situation. Affected are the rights of freedom according to Article 2 of the German Constitution, the protection of marriage and family according to Article 6 of the Constitution, and –

especially with regard to the possibility of accompanying the dying – human dignity according to Article 1. It is also undisputed among experts that the measures taken to protect people's lives also represent a considerable health hazard for many residents. Their physical capacity reduced very quickly because their relatives are often part of the care setting (e.g. taking care of sufficient food and fluid intake) or because they no longer exercise sufficiently. And the forced loneliness is hard to bear for many residents, even leading to clinical depression. Here it is important to carefully weigh up one health hazard against the other. It must also be taken into account that people have an average remaining life expectancy of only two years, when they come to a nursing home.²

The desperate situation of those affected becomes clear through the numerous descriptions of relatives collected by our member associations.³ BAGSO also receives numerous letters, all of them with the same nature that a 92-year-old man put like this: "We have been forgotten."

Regulations that were intended for four or six weeks and were correspondingly drastic cannot and must not be continued unchanged. We therefore welcome the

² The average length of stay in a nursing home is between one and a half and two years, depending on the statistics. According to the BARMER Nursing Report 2019, 54.3 to 58.3 percent of the 2011 to 2017 access cohorts are still in the home after one year, 40.4 to 43.7 percent after two years and 22.6 to 24.5 percent after four years (see p. 71). <https://www.barmer.de/blob/215396/a68d16384f26a09f598f05c9be4ca76a/data/dl-barmer-pflegereport-2019.pdf>.

³ The BIVA Care Protection Association, which has recorded many hundreds of personal accounts, has now started a signature campaign which is directed at the responsible state ministries: <https://www.biva.de/besuchseinschraenkungen-in-alten-und-pflegeheimen-wegen-corona/>.

decision of the Federal Government and the federal states of 15 April 2020 to ensure that “appropriate regulations must not lead to the complete social isolation of those affected”.⁴ On 25 April 2020, Andreas Westerfellhaus, the Federal Government Commissioner for Care, rightly criticised the fact that some Länder had not implemented the decision on this point and called for improvements.

We fully agree with this and regard the following measures as particularly urgent:

1. All 16 federal states must implement the resolution of 15 April 2020 as quickly as possible and adapt the ordinances and general rulings issued on this subject. They must give clear instructions and assistance to those responsible on the ground if they are not able to act adequately on their own.
2. In view of the expected duration of the restrictions, a certain degree of personal contact **must** be ensured – of course, following strict hygiene requirements – not only with the fellow residents but also with their relatives. The regulations already in force in Berlin and Thuringia provide inspiration in this respect.
3. The decision as to **whether** residents may be visited by their relatives must no longer be at the discretion of the institutions. There must also be minimum requirements for the frequency and duration of personal contact. This applies in particular to residents suffering from dementia, for whom telephone and Skype calls are no alternative.
4. It should be examined whether a reduction in occupancy capacity can create greater scope for social contacts. The German Society for Gerontology and Geriatrics (DGGG) considers it conceivable to move mobile residents temporarily to rehabilitation facilities or hotels that are not currently used.⁵ In the case of people suffering from dementia, a renewed change of location is likely to be problematic, but this can and must be discussed with the affected persons and their relatives in each individual case.
5. In end-of-life care, there may be at most a determination of the number of visitors, but otherwise no restrictions. Some Länder already have appropriate opening clauses; here too, the decision must no longer be at the discretion of the institution.

⁴ “For this reason, a specific concept should be developed for the respective institution with the help of external expertise, especially from specialists in hospital hygiene, and this should be developed and adapted closely in the further course of the project with regard to the occurrence of infections in the respective environment.” Cf. <https://www.bundesregierung.de/breg-de/themen/coronavirus/bund-laender-beschluss-1744224>.

⁵ https://www.dggg-online.de/fileadmin/aktuelles/covid-19/20200424_DGGG_Statement_Sektionen_II_III_IV_Soziale_Teilhabe_und_Partizipation.pdf.

After all, the protection of human dignity is at stake. All institutions must find solutions to ensure that partners and children can be with their relatives when their lives come to an end.

6. Contact with relatives by telephone or internet is an accompanying measure that has helped many of those affected in the first six weeks. This has highlighted the urgent need to equip facilities with wireless internet and mobile devices. However, these options cannot replace personal contact in the long term, nor are they suitable for all residents.
7. Medical and therapeutic care must also be guaranteed. The principle of activating care also applies in times of the pandemic.
8. The Federal Government and the Länder are obliged to ensure that facilities are adequately prepared with protective equipment and other necessary materials as quickly as possible and, insofar as relaxation is only permitted subject to regular testing of relatives, to ensure the necessary testing capacities.
9. We consider it as more than inappropriate to threaten relatives with fines because they want to see their loved ones.
10. Any rules restricting freedoms should be limited in time to ensure that their proportionality is regularly reviewed.

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