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Andante moderato: signs of change in visiting policies for Italian ICUs

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Dear Editor,

An association of ex-patients recently conducted a telephone survey [1] regarding visiting time in the same nationwide network of Italian intensive care units (ICUs) that we previously surveyed in 2006 [2]. With the authors' permission we analyzed their findings, which are posted on their website.

The response rate was 88% (369/420). We calculated from the findings that daily median visiting time is 115 min (range 10 min to 24 h). Around 2% of units have unrestricted policies, while in 1.4% of ICUs no visiting whatsoever is allowed. By contrast, the 2006 study found that daily median visiting time was 60 min, whereas the percentages of ICUs with 24 h visiting and of those permitting no visits were 0.4% and 2%, respectively.

A comparison of these two studies demonstrates that, over the last 5 years, there has been perceptible change in the Italian critical care setting: daily visiting time has essentially doubled, and there has been a substantial increase in ICUs allowing

24 h visiting. This bears out our own finding that a revision of current policies is underway [2], but it is still clear that, overall, Italian ICUs maintain very restrictive visiting policies. Only pediatric ICUs deviate somewhat from this, applying more liberal policies than adult units [3].

It is interesting that the present study was conducted by an ex-patients association. This emphasizes that such issues are not the exclusive prerogative of physicians and nurses. On the contrary, they matter to the whole of society, which is now asking healthcare professionals mature and carefully considered questions about their behavior and actions, and expects proper answers.

If we agree with Burchardi [4], "opening" ICUs constitutes a priority. However, in Italy as elsewhere, there is still not full awareness that the presence of loved ones at the bedside is beneficial for the patient and that in the critical care setting family is actually a resource rather than a hindrance.

Creating "open" ICUs is not just a question of time [5], and in countries where restrictive visiting policies persist, at least three issues need to be addressed. Firstly, the information and education of ICU physicians and nurses: time and resources must be invested to increase sensitization to the issues of visiting policies, patient and family needs, and patient-centered ICU. An example is the recent initiative of the Italian Association of Intensive Care Nurses (<http://www.aniarti.it>), which set up a national training program specifically dedicated to "opening" ICUs. Secondly, communication skills must be designated a specific professional competence for ICU caregivers, to be updated or improved as required. Thirdly, unrestricted visiting should

be a condition for a hospital's national health service accreditation.

"Opening" ICUs is a useful and justified choice, which communicates respect and care to those living through the difficult time of illness, and offers an effective response to the needs of patients and families.

We believe that the necessary cultural change must be supported and that the time is now ripe for the European Society of Intensive Care Medicine to draw up specific recommendations on this issue.

References

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