LETTER TO THE EDITOR

Breaking Social Isolation Amidst COVID-19: A Viewpoint on Improving Access to Technology in Long-Term Care Facilities

To the Editor:

In addition to large-scale initiatives that have been implemented to prevent international spread of the coronavirus disease 2019 (COVID-19) pandemic, we should advocate for local action targeted at preventing the deleterious health effects of social isolation as a consequence of contingency measures.[1] As a frontline physician involved in the care of older adults living in long-term care (LTC) facilities, I have witnessed profound isolation in this population; my patients have become prisoners in their one-bedroom homes, isolated from each other and the outside world. This extreme loneliness should raise concern as it is a known risk factor for poor health outcomes, including anxiety, depression, malnourishment, and worsening dementia.[2,3] One way of palliating social isolation would be to integrate technological advances in the care of populations at risk of being further secluded during health outbreaks.

From the encounters I experienced, many older individuals in LTC facilities lacked access to common devices (eg, a smartphone that would have allowed them to "facetime" with family members). Such network-connected devices would also allow patients to freely access health information in the wake of the pandemic, in addition to giving them the opportunity for telecare. More advanced technology, for instance augmented reality, could as well prove beneficial in this patient population, by reducing the burden of frailty, increasing well-being and social participation, and thus promoting successful aging.[4,5] From the safety of the patients' own home, a device like a wireless virtual reality (VR) headset could provide the patient with immersive experiences, ranging from connecting with loved ones in a common simulated space to visiting environments not otherwise accessible (eg, a music concert or a nature expedition that could include interaction with virtual animals). For older patients isolated in LTC facilities, providing them with these technology-dependent amenities and social contacts could potentially decrease their sense of loneliness and increase their self-perceived health, similarly to the benefits seen with physically going outdoors.[6,7] These VR applications have shown positive impact, even in individuals with physical and cognitive impairment.[8]

Yet, none of these technologies was available in the centers I visited and making them available at present time would be impossible given the risk of disease exposure. I believe there are two reasons we have deprived the older population of technological advances: our inherent bias of assuming the aging population is passive and lacks the ability to learn, combined with the fact that this is a population who does not advocate for itself. However, as healthcare providers who strive to constantly improve the care we offer to our patients, we must update our practice of medicine and integrate assessment of technology use as part of the preventative healthcare we offer to vulnerable populations. We must structure our comprehensive assessment to dedicate time in asking our patients questions about concerns and barriers to accessing technology, while redirecting them to educational community resources when necessary. Whether it be in the context of social isolation to control a local gastroenteritis outbreak to a large-scale pandemic, giving older adults in LTC facilities the opportunity to access technology would enable them to maintain social contact and communication. Furthermore, it would allow physicians to virtually connect with these patients and increase frequency of medical contact. It is our duty as a society not only to address but also to prevent the long-term sequelae of a pandemic contingency planning, especially when health outcome entails experiencing invisible mental health illness.

In regards to policy-making decisions and resource allocation, the success of making technology more accessible to the marginalized older population should not be measured solely on the outcome of avoiding acute care services; its benefits should rather be assessed with functional health as the focus of intervention, including measures of psychophysical well-being and life satisfaction.[9] Higher-end immersive technologies could be installed as a private expense in a patient's room; they could also be made available in common recreational areas within a leisure and/or fitness room, provided by the LTC facility through support of government subsidies and incentives aimed at promoting health of its aging population. However, more popular interactive devices, such as smartphones and computer tablets, must be made available as an affordable commodity for the means of every patient at risk of social isolation, while providing all the necessary ergonomic adjustments to those with impaired physical and sensory function. Finally, just like the pharmaceutical industries should not be allowed to simply sell to the highest bidder during a pandemic, big tech corporations should be required to collaborate with governmental social initiatives to ensure access to technology for marginalized populations in times of public health crisis.[10]

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0002-8614/20/$15.00

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ACKNOWLEDGMENTS

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