



## Perspective Social Narrowing

by Laura Mark, PA-C, MPH

Social distancing. Two words that have become universally used (although somewhat less universally practiced). We cover our faces and our hands, we pretend to know exactly how far six feet is, and we Zoom like there's no tomorrow. We – the people on the streets and in the grocery stores and on video chats – are the socially distanced. And there are very real mental, emotional, and physical consequences to social distancing, some of which we likely won't recognize until long after the practice ends.

But one group has remained quiet in the dialogue of distancing: patients within the walls of our hospitals. The day that visitation was temporarily suspended was filled with frantic phone calls, goodbyes, and pleas to reconsider. Our patients, particularly those with prolonged admissions, provide the ultimate example of what it means to be socially distanced. And I'd argue that their distancing predates this pandemic. Hospital admission removes patients from their contexts – their homes, health, jobs, and social networks. Then, patients must not only cope with the unknown but do so without their normal tools and support systems.

Under normal conditions, patients can hold on to some level of normalcy through their visitors. Studies increasingly recognize the positive influence of family presence on patient outcomes. It takes only minutes at the bedside to see why. Family members become therapy aides, cheerleaders, advocates, and even physical voices for patients. If you are a patient, your loved ones push the wheelchair behind you as you take your first steps. They ask questions so that you don't have to, and they hold your hand as you listen to answers you may not want to hear.

When the ban on bedside visitors went into effect, a patient's spouse – who had been at his bedside for months – sobbed that she feared her husband would “give up” without her physical presence. A small part of me wondered the same.

The patient didn’t “give up” in the way that his partner had worried. But the distancing patients face has grown. Patients assigned to certain rooms can look out their windows at miniature family members waving from three floors below. Others rely exclusively on virtual contact – no time like the present to become tech-savvy! Others are limited to listening through a phone held to their ear by a masked caregiver, their breathing tube preventing any verbal response.

Clinicians and staff fill whatever gaps they can in an endeavor I’d best describe as social narrowing. And that narrowing deserves to be celebrated. Even before SARS-CoV-2 crossed the species line, medical teams were addressing the social distancing of their patients. Despite a tremendous work burden, nurses make time to play cards with their patients (and no, this does not corroborate a certain senator’s claim of underworked, poker-playing RNs). Between assisting with intubations and running to codes, respiratory therapists listen to stories and share their own. Technicians learn what meals, music, and bed positioning a patient prefers. There are haircuts and pedicures and birthday parties and trips outside, even while on life support. This – *this* – is the revolutionary work of social narrowing.

The distance that remains is filled by yet another group: the patients themselves. When faced with unimaginable challenges, patients continue onward. They stand, even if they need three sets of hands to lift them. They practice breathing exercises, even if no one is watching. They wake up every day and find ways to hope.

The burdens of social distancing that non-patients carry are both real and serious. But let us not forget those who will remain distanced long after the curve has flattened. They deserve to be honored, along with those doing the daily work of social narrowing.

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