Is it a good idea to allow mobile phones in hospitals?

Recent guidance advises lifting the mobile phone ban in hospitals but we must consider the implications of this, says Linda Pearce.

Based on principles of patient choice, the Department of Health (2009) recently recommended a more liberal approach to the use of mobile phones in English hospitals, as reported in Nursing Times last week. Bedside phones are already in place on the wards and do not appear to cause any problems. So what are the practical implications of using mobile phones in a hospital? It would appear that there are three main sources of potential danger or inconvenience.

First, charging of mobile phones. Ward bedside have a limited number of electrical sockets. There is a risk that patients may unplug medical devices in order to charge their phones. Who should be responsible for ensuring this does not happen? Should this extra supervisory burden be placed on the ward nurses?

Second, ring tones and telephone conversations. Noisy ring tones and loud talking at any time – whether day or night – would be irritating, for both patients and staff. There should be strict rules about phones being kept on ‘vibrate’ rather than ‘ring’ setting, and staff must ask people having loud conversations to be quieter to avoid disturbing other patients. Phone use may also have to be restricted to certain times of the day.

During a recent patient assessment at the bedside our conversation was interrupted while she answered her phone and had a conversation. Apart from the bad manners this showed, nurses cannot spend time waiting while somebody has a conversation with a friend. This behaviour has also been observed on medical consultants’ ward rounds.

The third potential problem is the taking of photographs and videos. It is clearly unacceptable to have photographs or videos taken on mobile phones in hospitals and (potentially) circulated among the patient’s friends or even on the internet without the consent of all those who might be involved.

But there are potential benefits. Allowing patients to use mobile phones will allow more direct communication between them and their families or friends. This will reduce calls to the ward enquiring about patients’ well-being.

I had personal experience of this benefit recently when my daughter was admitted to hospital as an emergency. I was pleased to be able to hear her voice and find out what was happening. Also as her young children were many miles away, she found it comforting to talk to them, especially to say goodnight. There needs to be a balance between allowing the use of mobile phones and thoughtfulness and good manners. The DH guidance is quite broad, and trust policies on the issue will need to be updated to give clear practical, enforceable guidance to all concerned.

Interference with equipment, invasion of privacy, and the creation of nuisance are unacceptable, especially in a hospital setting. A section of the DH guidance considers nuisance and it appears that if an inpatient causes a nuisance with their mobile phone, the action a hospital can take is limited. This guidance may have to be reviewed. Gone are the days when the offending piece of equipment could be confiscated until the patient’s discharge.

Reference

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