



## Co- Gendered Room Assignment

### Ethical Value Based Considerations and Recommendations

The optimal scenario for room assignment is the ability to place patients of the same gender in patient rooms. There are times when hospitals are required to consider co-gendered rooms when there are capacity issues or other emergency circumstances.

The decision to begin mixed gender room assignment should be made with the following ethical and operational considerations.

- **Stewardship** – When the volume of patients waiting for placement in a care unit bed becomes unsustainable in the emergency ward, we must consider other options to ensure that the most effective care is being provided while reducing other harms in the process.
- **Dignity** – To respect human dignity is of the utmost importance, as is respect for different cultures and traditions. In the case of extreme patient volumes there are multiple considerations to balance when the goal is to provide the best care possible. The balance may mean making a choice that is the lesser of two harms. There is an erosion of dignity when patients are cared for in the busy emergency department or a hallway, where privacy for toileting is challenged, privacy of information sharing and conversations is difficult, the noise level is high making rest almost impossible. Some people will see the choice of a mixed gender room better than the previous scenario.
- **Common Good** – We affirm that each person who comes to the hospital should be treated equally and equitably, with no one receiving more optimal care/treatment than anyone else. This means that as they are triaged, they are given the appropriate care with in the appropriate/manageable timeline. In situations where systems and resources are stretched, we must do the best we can for each person in our care. As many people come to the hospital aware of how stretched the system is they are sometimes willing to accept a mixed gender room for a period of time until a more acceptable placement is available.
- **Collaboration** – Each scenario in which mixed gendered room assignments are considered is unique, with every care team member (including patients, families, physicians and staff) having a voice in the decision. This is why collaboration between all stakeholders/people is important. Creative solution of managing resources may be different based on the ideas brought forward. The patients may have unique need that may require they are only placed in a single gender room for example, someone who has experience violence or abuse from someone who is of the opposite sex. Collaboration



does take time and it will save time by proactively addressing issues that become a potential conflict.

- **Informed Consent** – Communication with patients about a mixed gender room placement must be clear, consistent, and time must be given for patients to ask questions and to provide personal information that may determine whether such placement is the best interest of this patients care. The same communication and consent must be provided to and by the persons already occupying the room, although this is also time consuming it is appropriate to be respectful and courteous.
- **Justice and integrity** – Using a trauma informed care framework when implementing mixed gender placement will provide a sensitivity to patients’ needs. Patients who experienced trauma such as indigenous people who have experience of the residential schools, people who have immigrated from countries experiencing war, or people who have been abused may have needs beyond the issue that has brought them to the hospital and must be considered if they are to find the care experience healing and helpful.
- **Social Justice** - The care we provide to transgender and nonbinary patients must considered in this scenario. We must recognize the language we use in regard to gender expression may be offensive to some LGBTQ2S+ individuals. It is always helpful to listen and ask before assuming our communication is respectful to every individual.
- **Maleficence** – It is important that our actions do not create situations where further harm may happen and, as with all patient care placements consideration, it is important that our actions do not create situations where the potential for foreseeable significant harm is increased. Those patients who could cause harm to other patients should not be considered for a mixed gender placement. For example, patients who are delirious, agitated, cognitively impaired, mentally ill with complex care and behavioral issues immunocompromised or extremely fragile.

The above are the ethical considerations to be contemplated before implementing mixed gender placements. Communication that fosters decision-making based on sound ethical principles and considerations reflects Covenant’s values and commitment to quality safe care.



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