

Coronavirus Disease 2019 as an Opportunity to Move toward Transdisciplinary Palliative Care

William E. Rosa, PhD, MBE, ACHPN, FAANP, FAAN,¹ Elizabeth Anderson, DSW, LCSW,²
Allison J. Applebaum, PhD,^{3,4} Betty R. Ferrell, PhD, RN, FAAN, FPCN,⁵
Allison Kestenbaum, MA, MPA, BCC, ACPE,⁶ and Judith E. Nelson, MD, JD^{4,7}

Dear Editor:

The Coronavirus Disease 2019 (COVID-19) pandemic has led to a worldwide increase in serious health-related suffering and an intensified need for universally accessible high-quality palliative care.¹ In all settings, health care workers are burdened by increasingly complex clinical issues secondary to COVID-19. Health system strain, clinician burnout and moral injury, and sparse resources, among other factors, all pose obstacles to providing crucial palliative services.

Palliative care providers are discovering new ways to leverage their roles to ensure individuals and families are supported throughout the trajectory of COVID-19-related care.² The pandemic is calling us to redefine how we train, work, communicate, research, and deliver services. Palliative care has historically demonstrated “interdisciplinary” collaboration well. But COVID-19 shows we must move toward a *transdisciplinary* model to effectively mitigate suffering across the care continuum.

Transdisciplinarity requires that we—as chaplains, pharmacists, social workers, physicians, nurses, psychologists, and other team members—move toward cocreating a unified framework for delivering palliative care that transcends disciplinary perspectives (Table 1). This model is what palliative care was always meant to be. COVID-19 has softened interprofessional boundaries and underscored the need for a synthesis of disciplinary understanding and care (Table 2).

We should invite transparent dialogue with colleagues and institutions to identify barriers and facilitators to adopting a transdisciplinary philosophical approach. Clinicians and systems overidentified with traditional roles/hierarchies may be challenged to adapt. However, rapidly changing individual and population health needs amid COVID-19 require whole-person palliation, which requires wholeness among teams and plans of care. The dynamics of serious and complex illness require a more nuanced and less rigid teamwork methodology. Without sacrificing the unique contributions

of different disciplines, the transdisciplinary model promotes greater mutual enhancement, eliciting a richer type of care.

Training and fellowship programs should be redesigned to identify transdisciplinary competencies for the palliative specialist (as opposed to the palliative nurse, palliative social worker, etc.). Although disciplinary-specific licensure requirements are necessary for safety and credentialing, translation to practice should be modeled through a group-think approach centralizing the clinician–patient/family relationship. Palliative care advocacy can lead the way in changing accreditation requirements for clinical and research fellowship programs to ensure that transdisciplinary collaboration is a focal point. Furthermore, clinicians with more seasoned practices also require transdisciplinary continuing education through the synergy and partnership of various specialty organizations.

The research agenda should be thoughtfully addressed. All members of the palliative care team must be supported in

TABLE 1. DISCIPLINARY APPROACHES TO CARE

-
- Uni/intradisciplinary: Professionals from a single discipline working together toward a common goal.
 - Multidisciplinary: A “parallel play” approach to care; professionals from different disciplines working independently and from a discipline-specific perspective; goals include combining efforts to address a shared problem.
 - Interdisciplinary: An interactive model where professionals work jointly each from their disciplinary-specific perspective to address a common problem.
 - Transdisciplinary: An integrative process blurring disciplinary boundaries and overlapping roles; involves synthesizing and extending discipline-specific approaches to create innovative and shared models/language to address a common problem.
-

Adapted from Institute of Medicine.³

¹University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, USA.

²Department of Health and Human Services, Western Carolina University, Cullowhee, North Carolina, USA.

³Department of Psychiatry and Behavioral Sciences, ⁷Supportive Care Service, Department of Medicine, Memorial Sloan Kettering Cancer Center, New York, New York, USA.

⁴Weill Cornell Medical College, New York, New York, USA.

⁵Division of Nursing Research and Education, Department of Population Sciences, City of Hope National Medical Center, Duarte, California, USA.

⁶Doris A. Howell Palliative Care Service and Department of Volunteer and Spiritual Care Services, University of California San Diego Health, San Diego, California, USA.

TABLE 2. ANECDOTAL EXAMPLES OF SOFTENED DISCIPLINARY BOUNDARIES DURING CORONAVIRUS DISEASE 2019

-
- Chaplains are often relied on for delivering spiritual care. Increased death toll, ICU strain, visitor restrictions, and myriad other factors have required all clinicians to become spiritual care generalists and meet spiritual needs in urgent and dire circumstances.
 - Social workers have been called to play an increasingly central role in family crisis counseling, assessing and treating family needs remotely, translating and communicating the medical status of the patient to family, and providing intensive support to staff.
 - Advanced practice nurses and physicians, whose time was previously devoted to diagnostic and prescribing tasks, are now engaged in more direct care to relieve other staff and minimize protective equipment usage.
-

ICU, intensive care unit.

developing as scientists based on their level of interest and workload capacity. Intradisciplinary palliative care research is an antiquated model for effective translation to practice where multiple clinicians are responsible for uptake of findings. Palliative science requires a transdisciplinary approach to design, implementation, and inclusive dissemination.

Transdisciplinary palliative care will require innovative leadership models, skills for sensitive communication, a willingness to learn from each other, value systems that reward collaborative efforts, and the fostering of open learning cultures.⁴ As palliative care responds to future needs, the reimagining we propose will allow our care

to have even greater reach and better meet the needs of patients and families in crisis.

References

1. Radbruch L, Knaul FM, de Lima L, et al.: The key role of palliative care in response to the COVID-19 tsunami of suffering. *Lancet* 2020;395:1467–1469.
2. Rosa WE, Gray TF, Chow K, et al. Recommendations to leverage the palliative nursing role during COVID-19 and future public health crises *J Hosp Palliat Nurs* 2020 [Epub ahead of print; DOI:10.1097/NJH.0000000000000665].
3. Institute of Medicine: *Establishing Transdisciplinary Professionalism for Improving Health Outcomes: Workshop Summary*. Washington, DC: The National Academies Press, 2014.
4. Fam D, Clarke E, Freeth R, et al.: Interdisciplinary and transdisciplinary research and practice: Balancing expectations of the “old” academy with the future model of universities as “problem solvers.” *High Educ Q* 2020;74: 19–24.

Address correspondence to:

William E. Rosa, PhD, MBE, ACHPN, FAANP, FAAN
Robert Wood Johnson Foundation Future of Nursing Scholar
University of Pennsylvania School of Nursing
418 Curie Boulevard
Claire Fagin Hall
Philadelphia, PA 19104
 USA

E-mail: wrosa@nursing.upenn.edu