Palliative Care in the COVID-19 Pandemic

Briefing Note

How pandemics affect health systems and resource allocation: impact on palliative care

Issue

Pandemics shock all health systems. Most health system responses to COVID19, including in well-resourced countries, neglected palliative care (PC) in the rush to create rapid mitigation, containment, and disease management strategies.[2] However, PC is critical to alleviating serious health-related suffering (SHS) associated with COVID-19 and other health conditions.[1]

Background

The unprecedented scale of the COVID-19 pandemic has demanded an urgent worldwide response and has tested the resilience of all health systems. Efforts to control transmission of COVID-19 and provide urgent care to infected individuals have focused on minimizing the pandemic driven death toll. Pandemics also exacerbate physical, psychological, social, and spiritual suffering caused by the direct effects of the disease rapidly ravaging communities and countries. This causes ripple effects on system coherency and capacity, which increase the risk of infection of the emerging pathogen for patients with underlying disease conditions. Pandemics often have the greatest impact on low- and middle-income countries (LMICs), many of which have weak health systems and high concentrations of SHS.[1]

Key Facts

- Pandemics dramatically modify health system priorities by redefining the essential or non-essential nature of particular resources, services, regulations and health security measures;
- PC is chronically under-resourced and lacks appropriate legislative and normative frameworks to guarantee system level integration under pandemic conditions;
  - PC training is especially limited in LMICs and core competencies to address the growing needs of patients and their families are lacking.
  - The COVID-19 pandemic will impose further limitations on essential PC human resources, equipment and medications, facility use (e.g. due to repurposing of PC wards) and financing necessary to deliver essential PC services.
- In the absence of pandemic preparedness plans, strategic guidance on health system capacity, and resource mobilization will likely be devised and designed outside normal health system structures, further fragmenting care;
- PC services designed to alleviate suffering will be de-prioritised in health systems lacking universal health coverage (UHC) schemes;
- Non-pharmaceutical measures such as lockdown/ shelter-in-place and quarantine orders to ensure physical distancing, make delivery of PC services, especially home-based and community-based care, more challenging;
  - Vulnerable persons with non-COVID life-limiting illnesses will be unable to access necessary prevention, treatment, and PC services;
- End-of-life care is significantly altered, depriving patients with COVID-19 and other conditions - and their families - of support for advance care planning decisions, the opportunity of a dignified death, and family access to bereavement services, exacerbating complicated grief;
- Pandemics overwhelm information systems by shifting surveillance focus to the emerging pathogen, overshadowing key indicators such as population health and quality of life;

[1]The BN was written in the early days of the pandemic, and we have seen many of its projections, tragically, fulfilled.

International Association for Hospice & Palliative Care
whpca worldwide hospice palliative care alliance
icpcn international children's palliative care network
PalCHASE Palliative Care in Humanitarian Aid Situations and Emergencies

Current Status

- Delivery of and access to PC is decreasing while demand for it is increasing exponentially.
- The WHO Operational Planning Guidelines[3] to support country preparedness and response failed to include PC in strategies for maintaining essential health services.[2]

Recommendations to UN member states and civil society organizations

- Strengthen PC services and integrate into health systems, including with telemedicine, to increase coping capacity and resilience for this and future pandemics, and reduce health related suffering of impacted populations;
- Continue delivering essential healthcare services, including PC, a core component of UHC,[4] to maintain and sustain the health of all, emphasizing the ethical imperatives of equity and non-abandonment;
- Adopt the International Narcotics Control Board (INCB) directive,[5] to maintain uninterrupted access to opioid analgesics and controlled medicines by simplifying export, transport, and delivery procedures; [6]
- Adapt and adopt the cost-effective Essential Package of PC services outlined in the report of the Lancet Commission on Global Access to PC and Pain Relief;[1,3] This will facilitate:
  - Upskilling of health workers with appropriate triaging capability to respond to care within the pandemic context;
  - Adequate access to necessary equipment, and medicines;
- Engage in international collective actions to promote the development and exchange of global public goods to safeguard timely PC and pain relief for life-threatening and life-limiting health conditions and end-of-life care;
- Ensure meaningful civil society engagement and public participation to guide priority setting7 and guarantee prevention, treatment, and PC for all.

References

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Authors

Bhadelia A (Harvard T.H. Chan School of Public Health in Boston, USA and University of Miami Institute of Advanced Study of the Americas in Miami, USA); Grant L (University of Edinburgh in Edinburgh, UK); De Lima L (International Association of Hospice and Palliative Care in Houston, USA); Knaul F (University of Miami Institute of Advanced Study of the Americas in Miami, USA) Pettus K (IAHPC).

[2]The updated WHO Temporary Guidance on Clinical Management of COVID-19, published on May 26, after this Briefing Note was originally drafted, now includes a palliative care component.

[3]The Essential Package has been adapted in Appendix 3 as a component of the WHO Temporary Guidance on Clinical Management of COVID19;

[4]In fact, this wording appears in WHA Resolution 73/1, adopted by the World Health Assembly in May 2020, after the original Briefing Note was published.