

Palliative Care in the COVID-19 Pandemic

Briefing Note

Palliative Care for Patients with Cancer in Lower- and Middle-Income Countries

Issue

Delivery and continuity of palliative care (PC) for patients with cancer in low- and middle-income countries (LMICs) with resource constrained health systems in the context of the COVID-19 pandemic. “A pandemic is a cause and powerful amplifier of suffering, through physical illness and death, through stresses and anxieties, and through financial and social instability. Alleviation of that suffering, in all its forms, needs to be a key part of the response”.⁴

Background

Palliative care is focused on the prevention and treatment of serious health related suffering arising from any illness that seriously impacts the quality of life. The core principles of palliative care - providing urgent relief of physical symptoms, offering psychological and spiritual support, and providing compassionate care for both patient and family - become critically important during a pandemic. Providing palliative care (PC) for patients with cancer in the LMIC setting is difficult even under normal circumstances. In most LMICs, palliative care services are not fully integrated into the country's health care systems, and are often loci of isolated provision, whether delivered by NGOs or by small state-run services limited in both geographical area and clinical reach¹.

Key Facts

- Patients with cancer and especially those with palliative care needs, will continue to require close support and monitoring throughout the pandemic. The COVID 19 crisis may mean delays in accessing critical care because:
 - health systems and scarce resources are strained
 - staff are allocated to COVID services
- staff contract COVID
- due to new policies, there are delays in accessing urgent cancer therapies such as surgery, radiation therapy
- there is an additional risk of giving chemotherapy and causing immunocompromise in the patient.

Current Status

- Recognition of the need for palliative care in humanitarian crises is poor²
- Basic equipment and PPE to manage in the current crisis are lacking
- Accessing essential medicines, including opioids, is challenging
- Trained human resources are scarce
- Families are facing financial catastrophe



Recommendations to UN member states and civil society organizations

Immediate practical steps to be taken include:

- Ensure access to essential medicines (such as opioids) and access to protective equipment
- Consider a greater use of telemedicine and videoconferencing, ensure goals of therapy and DNR orders are discussed where appropriate
- Provide training and preparation across the health workforce, and shift resources from inpatient to community settings⁴
- PC often operates as an acute specialty. Triage towards most urgent PC cases with hospital attendance or hospital admission reserved for those with more acute needs and severe uncontrolled symptoms like pain, oncological emergencies such as spinal cord compression, and some treatment related emergencies
- Ensure absolute minimum number of fractions for palliative radiotherapy
- Minimize risk/benefit ratio for chemotherapy with palliative intent
- More goals of therapy conversations will be needed
- Extend length of prescription for opioid medicines to at least one month duration
- Acknowledge the importance of spiritual care and provide this where possible
- Manage those who can stay home at home and minimize travel outside the patient's community. Practice self-isolation as much as possible
- Shift resources into the community – this may include support via video conferencing platforms
- Provide protocols for symptom management especially pain and shortness of breath³
- Provide support to teams from other specialties in managing end of life care and in difficult ethical decision making
- Ensure use of PPE as per international guidelines. Use of masks by both staff and patients is essential. Recognize that these resources are often limited.
- In better resourced settings, consider COVID 19 testing for healthcare workers involved in providing cancer care in order to maintain high standards and protect all parties concerned⁴.

References

1. WHO Global Atlas of Palliative Care at the End of Life <http://www.thewhpca.org/resources/global-atlas-on-end-of-life-care>
 2. Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises: a WHO guide
 3. Palliative care for patients with corona virus in Malawi (Dr J.Bates: unpublished)
 4. Caring for patients with cancer during the COVID 19 outbreak in Italy: Pietrantonio F, Garasino M., JAMA Oncol. Published online April 10, 2020. doi:10.1001/jamaoncol.2020.1426
 5. Palliative care and the COVID-19 pandemic: Editorial, The Lancet Vol 395 April 11, 2020
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