

Palliative Care in the COVID-19 Pandemic

Briefing Note

Palliative Care in Refugee Camps and Humanitarian Crises

Issue

Palliative care services in refugee camps and sites of humanitarian crises have not been made essential components of pandemic response planning, including for COVID-19.

Background

Palliative care aims to prevent and relieve serious health-related pain and suffering - physical, emotional, social, spiritual, practical - associated with chronic or life-threatening illnesses and to promote dignity in suffering, death and dying. In the COVID-19 pandemic, communities worldwide are facing care needs, pain, suffering and death that exceed the capacities of most health systems. Basic palliative care can alleviate that suffering, even in humanitarian circumstances, where treatment options are limited or difficult resource allocation decisions have to be made. Humanitarian crises reduce palliative care to its core, yet suffering can still be relieved in small but powerful ways, such as the offering of kind words, attentive listening, or simply sitting with a dying patient. Even when it appears that “nothing more can be done”, palliative care providers can work with patients and their families to document individuals’ experiences witness, and remember, to serve as resources for future advocacy.

Key Facts

- Access to infection control and isolation measures are exceptionally hard to achieve in overcrowded refugee camps or dense urban settings. Intensive care and ventilator support are rarely available in these contexts.
- Access to food, shelter, water and sanitation are often prioritised alongside, and sometimes before, health care interventions. Palliative care - which for patients with severe health-related suffering or who are dying may be the only realistic support option - can adapt naturally to such circumstances.
- Patients with pre-existing palliative care needs, those whose pre-crisis care has been interrupted, and those with a deteriorating COVID-19 infection for whom critical care interventions are ineffective, inappropriate, unavailable or discontinued due to resource limitations, need palliative care.
- Multidisciplinary teams that may include lay health workers or volunteers from local communities can be trained to provide palliative care. Humanitarian health workers are skilled at providing treatment and care during crises, including in disease epidemics such as Ebola.
- Palliative care practitioners can offer crucial support to colleagues in ethical decision-making, setting care goals, and managing emotional, moral and spiritual distress.
- Essential medicines (e.g., morphine), as listed in the WHO Essential package of palliative care for humanitarian emergencies and crises, are needed to relieve pain, breathlessness and other symptoms.
- New palliative care challenges arise from the sudden onset of many COVID-19 infections, and the physical distancing restrictions and protective equipment that limit opportunities to accompany the dying and attend funerals.



- Holistic compassionate care can be provided even under these challenging circumstances, by increased use of non-verbal communication (through eyes, voice and body language) and technology (e.g., mobile phones and tablets). The latter can also enable connection and mutual support between patients and families.

Current Status

Palliative care is not an integral part of humanitarian and emergency responses, including in the COVID-19 pandemic, as humanitarian health workers and planners are still unfamiliar with its essential role. This is especially the case in low- and middle-income countries where most humanitarian crises, now exacerbated, are experienced. Unfamiliar clinical situations and challenging ethical dilemmas arising in palliative care during the COVID-19 pandemic are, however, a common global experience. The COVID-19 pandemic is presenting health and social care workers with new stressful, or even traumatic, situations, including resource allocation decisions, dealing with multiple deaths, and fear of dying or endangering their own families.

Recommendations to UN member states and civil society organizations

- Integrate adequately resourced palliative care strategies into all pandemic responses.
- Integrate palliative care provision into existing health and social care systems and the broader humanitarian health response.
- Develop guidelines on palliative care provision in humanitarian crises, specifically for vulnerable groups (e.g., children, older persons, ethnic minorities, and persons with mental health conditions, disabilities and pre-existing co-morbidities).
- Ensure availability of palliative care medications listed in the Essential package of palliative care for humanitarian emergencies and crises, including opioids.
- Enable rapid response palliative care teams, supported by prior planning, guidelines, resources and medications, to mitigate the negative impact of a pandemic.
- Expedite training for all clinicians and humanitarian health workers in the prescription and administration of essential palliative care medications, definition of care goals, compassionate communication, and culturally sensitive grief and bereavement support, including through online courses.
- Train community members to provide psychosocial support.
- Conduct research on palliative care in humanitarian contexts under international ethical guidance, prioritising the best interests of patients who should not be overburdened but supported if they are willing and express a wish to help others through research. Their contributions should be gratefully acknowledged.

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