

Palliative Care in the COVID-19 Pandemic

Briefing Note

Response to the COVID-19 Pandemic for Low and Middle-Income Countries

Issue

Health care systems in resource constrained environments are more vulnerable to pandemics and need to plan and mobilize to minimize serious health related suffering.

Background

- The current COVID-19 pandemic has been confined mainly to higher income urban areas vulnerable to transmission due to travel and movement of infected persons;
- New cases and deaths are occurring in Africa, Asia, Latin America, and other low and middle-income countries (LMICs) and are likely to be more deadly.
- As significant segments of the population in LMICs work in the informal sector and depend on daily earnings to survive, societal and work restrictions cause serious financial suffering and exacerbate underlying health issues.
- In many LMICs, palliative care services are only just emerging, and although some countries have developed national strategies, much more still needs to be done to make them fit for purpose in the pandemic.
- Palliative care teams are well suited to partner with existing services delivering care to patients with life limiting illness as well as those affected by Covid-19.
- Community based palliative care services that can deliver effective care in the home are in their infancy in many low and-middle income countries.

Key Facts

- Health care policy makers and leaders are unaware of the value of including a palliative care component in the Covid-19 responses and lack the human and financial resources to integrate it;
- Palliative care guidelines for assessment, communication and basic symptom management are useful tools;
- Guidelines from well-resourced countries prioritise use of expensive PPE. LMICs are innovating and producing more cost- effective alternatives.

Current Status

- Quality of, and access to primary care services, is generally poor and palliative care teams often have to provide basic primary care (for example, management of diabetes or depression) in addition to conventional Western palliative care;
- Health services in LMICs lack basic resources such as personal protective equipment (PPE), critical care units, equipment for breathing support including ventilators, respirators, bi-level positive airway pressure (bi-pap), etc.
- Policy makers are ignoring healthcare workers' anxiety about becoming infected at work and then infecting loved ones at home;
- Some palliative care services are being redeployed to other areas of healthcare systems, leaving PC patients without care;
- Community health workers, especially women, have concerns about becoming infected in potentially risky situations, and fear that arriving at homes in PPE to see patients could stigmatise the households they attend;



- Restrictions on in-person communication with loved ones in isolation and distress significantly impact patient care; psychosocial and spiritual care must be culturally respectful;
- Hospitals are being inundated by COVID-19 patients, creating a need for community-based delivery of essential care to un-infected existing palliative care patients;
- Healthcare workers and family members providing care for patients in the community lack adequate PPE;
- Restrictions on licensing and transport are exacerbating already inadequate stocks of essential medicines (particularly controlled medicines like opioids) in the majority in LMICs.

Recommendations to UN member states and civil society organisations

- Include palliative care in the national COVID-19 response framework;
- Integrate palliative care services into health systems. Form collaborations including governments, palliative care associations, and other relevant stakeholders to develop policies and practices regarding clinical, psychosocial, and spiritual symptom management to support colleagues, patients, and families;
- Utilize palliative care resources to train non-palliative care health workers in communication, clinical decision making, symptom control and issues surrounding grief and bereavement;
- Train healthcare workers including those delivering palliative care, in protocols on infection control and correct use of PPE, so they can safely continue providing home-based palliative care to patients without fear of spreading the virus or becoming infected themselves;
- Empower and support community health workers, especially those already trained in palliative care, to safely support affected patients and families;
- Improve access to internationally controlled essential medicines (ICEMs), including opioids, for treatment of breathlessness and other symptoms;
- Provide for practical needs including food and medicine delivery, transportation & regular communication to alleviate loneliness;
- Ensure continuity of concern for quality of life of patients under care and treatment regimes, and consider how psychosocial and spiritual concerns can be incorporated into care plans;
- Promote advance care planning at the population level.

References

- <https://palliumindia.org/cms/wp-content/uploads/2020/04/e-book-Palliative-Care-Guidelines-for-COVID19-ver1.pdf>
- <https://www.healthefoundation.eu/portal/coursedetails.vm?course=77>

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