

# Palliative Care in the COVID-19 Pandemic

## Briefing Note

### Self-Care for Caregivers during the COVID-19 Pandemic

#### Issue

Hospice and palliative care providers in the COVID-19 pandemic face new and dramatic challenges to self-care, and risk moral distress, burnout and traumatic stress.

#### Background

The COVID-19 pandemic is creating enormous challenges for health care systems and health care providers worldwide. Providers of care are facing excessive workloads, the threat of being infected or infecting others, a lack of personal protective equipment, diminished support from overworked team members, and the challenges of providing person-centered compassionate care via telemedicine. In addition, there are pressures to return to work after full or partial recovery from COVID-19 while dealing with residual symptoms including fatigue, the trauma of having had the disease, possibly having been ventilated and facing personal mortality, and possible neurological changes. At the same time, they have little time for the self-care and stress management practices that can enhance their resilience and coping capacity and prevent burnout and traumatic stress.

#### Key Facts

- A wide range of self-care practices can significantly reduce the incidence of burnout and traumatic stress in hospice and palliative care providers.
- End-of-life professionals report that work overload and lack of an opportunity to grieve work-related losses are their two greatest stressors.
- Social support within health care teams is essential to the well-being and efficacy of team members.
- Preliminary research indicates that those who care directly for COVID-19 patients and families should pay greater attention to self-care to prevent burnout and traumatic stress.

#### Current Status

- Self-care practices (e.g., seeking social support, music therapy, exercising, proper nutrition, meditation, taking time off, setting limits) are undermined in the COVID-19 emergency.
- Work overload, cumulative loss and exposure to repeated trauma are common in care of COVID-19 patients.
- Some providers will be more vulnerable to stressors because of previous life experiences or health issues.
- Lockdown/shelter-in-place and quarantine orders to ensure physical distancing interrupt many of the resilience-enhancing and self-care practices that reduce stress and prevent provider burnout.
- Relationship disruption, and inability to physically care for patients (e.g., in long-term care facilities), represent significant stressors for palliative care providers.
- Isolation of staff from their own family members prevents provision of critical social support.
- Disruption of team member roles and supportive relationships is presenting challenges.
- Caregivers may feel guilty taking time away from the clinical environment to restore themselves when others are working even longer hours.
- The physical strain of wearing protective equipment (dehydration, heat, exhaustion) is accelerating the need for enhanced stress management and self-care practices.
- Scarce resources are resulting in conflict within organizations, undermining team functioning and support.



## Recommendations to UN member states and civil society organisations

- Ensure that demands on the palliative care workforce are carefully monitored and adjusted to permit essential self-care and to maximise care of COVID-19 patients and families.
- Ensure workplace hygiene, appropriate personal protective equipment, and communication of safety precautions taken to providers.
- Facilitate improved virtual and direct communication between palliative care team members to increase technical and emotional support among team members.
- Provide support and information to providers and their families to assist them with strategies and practices for safely sheltering and quarantining.
- Enhance direct-to-consumer telemedicine training and practices to reduce clinician burnout.
- Offer extensive supervision to palliative care providers that solicits feedback and input related to care experiences and needs.
- Support meaning-making and strengthen the sense of purpose that are key for care providers.
- Set up measures to mitigate stigma at community level for health workers caring for COVID-19 patients.
- Provide mental health services to address COVID-19 psychological morbidity.
- Recognise that different caregivers have different needs for support and that support will need to be continued for staff after the pandemic resolves in order to prevent PTSD.
- Monitor staff returning from being ill with COVID-19 to make sure their needs are being recognised and addressed and that their physical and mental health are not being neglected in the urge to have them back at work.
- Recognise that there may be a need for additional bereavement support for those who experience a death through COVID-19.

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### References

- Chew, N. W. S., Lee, G. K. H., Tan, B. Y. Q., Jing, M., Goh, Y., Ngiam, N. J. H., . . . Sharma, V. K. (2020). A multinational, multicentre study on the psychological outcomes and associated physical symptoms amongst healthcare workers during COVID-19 outbreak. *Brain, Behavior, and Immunity*. doi:<https://doi.org/10.1016/j.bbi.2020.04.049>
- Mental Health Commission of Canada launches free online crisis training for essential workers during COVID-19 <https://www.mentalhealthcommission.ca/English/news-article/13950/mental-health-commission-canada-launches-free-online-crisis-training-essential>
- National Center for PTSD. (2020). Managing healthcare worker's stress associated with the COVID-19virus outbreak. [www.ptsd.va.gov](http://www.ptsd.va.gov)
- Sasangohar, F., Jones, S. L., Masud, F. N., Vahidy, F. S., & Kash, B. A. (2020). Provider burnout and fatigue during the COVID-19 pandemic: Lessons learned from a high-volume intensive care unit. *Anesthesia and Analgesia*, 10.1213/ANE.0000000000004866. Advance online publication. <https://doi.org/10.1213/ANE.0000000000004866>
- Wu, Y., Wang, J., Luo, C., Hu, S., Lin, X., Anderson, A. E., . . . Qian, Y. (2020). A Comparison of burnout frequency among oncology physicians and nurses working on the frontline and usual wards during the COVID-19 epidemic in Wuhan, China. *Journal of Pain and Symptom Management*. <https://doi.org/10.1016/j.jpainsymman.2020.04.008>

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