

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. During the pandemic of SARS-CoV-2 disease 2019 (COVID-19), palliative care (PC) has been severely neglected across most health systems, even in well-resourced countries, 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

With its unprecedented scale, the COVID-19 pandemic has required an urgent worldwide response and tested the resilience of health systems globally. Efforts underway to control transmission of COVID-19 and provide urgent care to infected individuals have focused on minimizing the death toll caused by the pandemic. Pandemics also exacerbate physical, psychological, social, and spiritual suffering experienced not only by the disease rapidly ravaging through communities and countries but by the ripple effect on the coherency and capacity of the system, and on patients infected with an emerging pathogen and with other health conditions. Low- and middle-income countries (LMICs) with weak health systems are often hardest hit and prior to the pandemic, the majority burden of SHS was already concentrated in these countries.¹

Key Facts

- Pandemics sharply alter health system priorities and redefine what is considered essential and non-essential, from regulations and resources to services and health security measures.
- PC is already under-resourced and without appropriate legislative and normative frameworks that guarantee integration of PC, the COVID-19 pandemic may impose further limitations on essential human resources, equipment and medications, use of facilities (e.g. due to repurposing of PC wards) and financing necessary to deliver essential PC services.
- Without pre-existing pandemic preparedness plans, strategic guidance on health system capacity and capability to tackle the pandemic will likely be devised and designed outside normal health system structures, fragmenting care.
- In the absence of national universal health coverage (UHC) schemes that integrate and protect essential PC services, access to suffering alleviation will be further deteriorated during the COVID-19 pandemic.
- Measures to mitigate and contain the COVID-19 pandemic, such as lockdown/shelter-in-place and quarantine orders to ensure physical distancing, make the delivery of ongoing PC services more challenging, especially home-based and community-based care, and those who are most vulnerable with other life-limiting illnesses will not be able to receive necessary services.
- End-of-life care will be significantly altered, leaving patients with COVID-19 and other conditions and their families deprived of support to make important end of life decisions, the opportunity for patients to have a dignified death and families to access bereavement services, contributing to complicated grief.
- Information systems are overwhelmed during pandemics with a primary focus on surveillance of the emerging pathogen and key indicators of population health and quality of life may not be used to inform priority-setting and pandemic policies.
- Training to deliver PC is especially limited in LMICs and core competencies to address the growing needs of patients and their families are lacking.



Current Status

- Delivery of and access to PC may worsen while the demand for such care increases exponentially.
 - The WHO Operational Planning Guidelines³ to support country preparedness and response failed to include PC in their advice to countries on how to maintain essential health services.
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Recommendations to UN member states and civil society organizations

- PC is an essential health service and a core component of UHC.⁴ In times of pandemic, health systems need to continue to deliver essential healthcare services to maintain and sustain the health of all, including PC, with a greater ethical imperative to address inequities in access to and utilization of services.
 - Strengthening and integrating PC into health systems, including with the use of telemedicine, will improve health systems capacity and resilience to cope with this and other pandemics and reduce suffering in its various forms as experienced by impacted populations.
 - As per the call by the International Narcotics Control Board (INCB) to governments⁵, countries must maintain continuous access to opioid analgesics and controlled medicines during the SARS-CoV-2 pandemic through the use of simple procedures in the export, transport, and delivery of opioid medications.⁶
 - The essential package of PC services outlined in the report of the Lancet Commission on Global Access to PC and Pain Relief¹ is low cost and can be adapted for pandemic situations to ensure that health workers are skilled to respond rapidly with appropriate triaging capability, there is adequate access to necessary equipment, and that medicines and protocols for symptom management for all specialities are available for suffering alleviation.
 - Civil society engagement and public participation are important to guide priorities⁷ and particularly so during a public health emergency to guarantee pandemic PC access for all.
 - International collective action is tantamount during the COVID-19 pandemic 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.
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References

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