

Palliative Care in the COVID-19 Pandemic

Briefing Note

The role of tele-medicine: Remote access to patients, caregivers and health workers

Issue

Patients with serious illness can experience significant suffering due to pain or other sources of distress, which can be managed effectively by palliative care. The SARS-CoV2 disease (COVID-19) pandemic has created challenges to accessing palliative care, leading to increased suffering in this population.

Background

Although palliative care has been shown to improve quality of life, reduce suffering and reduce costs to healthcare systems, it remains poorly developed in most LMICs with limited services accessible to only a small fraction of the people who need it. The risk of infection from COVID-19, with associated lock downs, physical distancing requirements and limited availability of PPE have affected access to healthcare in general and further reduced access to palliative care. Telehealth may provide a solution to meeting the growing demands of palliative care services by connecting patients to providers and supporting collaborations between health providers across geographical regions with limited resources.

Key Facts

- Telemedicine is defined as the use of telephone, computer software, and video-based services to facilitate patient-to-provider and provider-to-provider communication.
- This approach to the delivery of palliative care services rapidly expanded in recent years prior to the COVID-19 pandemic.
- Telemedicine is a feasible, acceptable and usable approach for patients and healthcare professionals. It has been shown to improve symptom management, reduce hospital admissions and patient mortality, and improve the quality of life of patients and the satisfaction of families with care.
- Telehealth complements direct face-to-face patient care and can be a useful alternative when health care cannot be delivered in person.
- Access to care by telehealth overrides some obstacles facing underprivileged or rural areas as well as the hurdle of transportation to reach a healthcare facility.
- Challenges of telehealth include:
 - limited access to technology and connectivity
 - concerns for maintenance of patient privacy
 - lack of training of healthcare workers on digital platforms
 - absence of a framework for budgeting and billing for telehealth services
- Lack of access can increase health disparities.
- Telemedicine does not eliminate the need for in-person consultations which can be invaluable in the palliative care population.



Current Status

- The COVID-19 pandemic has led to the rapid growth of telemedicine to support the provision of health care services at a distance. Communication technologies have been used to connect providers to patients in virtual visits, patients to family members when they are hospitalised, and providers to each other for expert consultations.
- Telehealth has also been used to deliver essential palliative care components such as existential/spiritual care as well as grief and brief bereavement support at the end of life for patients in isolation.
- There remains a lack of evaluation of telehealth interventions for palliative care.

Recommendations to UN member states and civil society organisations

- Facilitate and encourage telehealth programmes;
- Integrate existing digital health platforms to facilitate patient-physician interaction and communication among healthcare teams to facilitate comprehensive, timely and high-quality care;
- Engage technology partners to equip community health workers and/or patients with telehealth capabilities to virtually conduct home-based palliative care activities;
- Enable families to virtually visit and partake in health decisions with loved ones, especially at the end of life to address the almost universal fear of dying alone;
- Train and develop existing workforce to provide care using telehealth and develop script to perform virtual conversations;
- Identify mechanism(s) to complete advanced directives virtually with patients in the community, and ensure availability of the AD to emergency services and health care workers if necessary;
- Create protocols to ensure patient consent, safety and privacy;
- Integrate telehealth into existing billing and quality management schemes;
- Continue to use and develop telehealth once the COVID-19 pandemic is controlled.

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