

Palliative Care in the COVID-19 context – Preamble

TERMINOLOGY

This body of work explains the palliative care approach in the COVID-19 context, recognising the need to move from the usual standards in the structure and level of palliative care to crisis standards; from ‘best practice’ to ‘practice which is good, equitable and fair as it possibly can be given the circumstances’¹. Our approach aims to consider the specific circumstances related to COVID-19, but also remain applicable to any other future pandemic.

The concepts of compromise and rationing in healthcare are well established and people should be aware that palliative care cannot operate as ‘business as usual’ in a pandemic. The language we chose however, is important – it should be honest and yet not alarmist or overly negative. This is described as *Palliative Care in the COVID context* or *COVID-Context Palliative Care*, in line with humanitarian crisis terminology and specific to COVID. It encompasses palliative care for all – patients who are COVID-19 positive and patients whose care is indirectly impacted by the COVID-19 pandemic.

ISSUES IN PROVIDING PALLIATIVE CARE DURING A CRISIS

- The COVID-19 pandemic is contributing to significant and dynamic changes in community healthcare needs.
- Evidence from other countries heralds a significant increase in the palliative care needs of communities if public health measures are not implemented in a timely manner.
- The unique challenge to providing palliative care within the COVID-19 pandemic requires new approaches to the provision of our services.
- In a series of Frequently Asked Questions (FAQs), the most important issues of concern were considered:

FAQ 1: How do I manage the palliative and end-of-life care needs of a person with COVID-19?

- While an increased need for specialist palliative care is likely, COVID-context palliative care must rely on all clinicians being empowered to provide palliative care. The guidance document “[Essential palliative & end-of-life care in the COVID-19 pandemic](#)” provides support for non-specialist palliative care clinicians.

FAQ 2: What can be done if drugs or syringe-drivers become unavailable or difficult to access?

- The symptom management of people with COVID-19 has been described in numerous resources.¹⁻² However, the potential for resource limitations to affect COVID-context palliative care should be considered. Specialist palliative care will need to provide solutions under these circumstances, and a resource to guide how we tackle these issues has been developed – “[Solutions to supply and access issues for palliative care medications during COVID-19](#)”. A further resource will provide more clinical options for COVID-specific symptom management when limited resources exist.

FAQ 3: How will the delivery of other aspects of palliative care in COVID-19 be affected?

- COVID-context palliative care will also require considerations broader than symptom management to achieve best practice. Additional considerations include, but are not limited to the following:

NOTICE: This ANZSPM guidance document has been prepared by the ANZSPM COVID-19 SIG. It is subject to regular review and revision in response to the changing COVID-19 environment. Check anzspm.org.au for updates and speak to your local Palliative Care Team.

- Communication between patients, families, and clinicians. Advice regarding how to provide communication support within COVID-context palliative care is available [here](#).
- COVID-19 will affect the peri-death experiences of patients, families and staff alike. Advice regarding this is available [here](#) (Available soon).
- The experiences of dying during the COVID-19 pandemic are likely to affect grief and bereavement for many people. How our communities will support each other remains to be seen, but we should be prepared for more complicated experiences of grief. Advice regarding these issues will be available soon [here](#).

FAQ 4: How can we best provide care to those who need it during the COVID-19 pandemic?

- The potential for limitations in healthcare resources within the COVID-19 pandemic requires an open and transparent approach to the allocation of resource to those who need them. A guide to addressing these challenges will assist regions and services to formulate their own responses and is available [here](#).

PRINCIPLES INVOLVED IN A COVID-CONTEXT MODEL OF PALLIATIVE CARE

Elements that should be considered when implementing a model of care for palliative care in the COVID-context include:

- planning the provision of care for people with COVID-19
- adapting usual care according to the public health approaches required in a pandemic
- preparing for scarcity of resources (including staff):
 - adjusting to, and remaining creative towards, new ways of providing care
 - developing resources where possible
- preparing to determine "essential" and "non-essential" elements of current work:
 - determining triggers for specialist palliative care referral during the pandemic
 - working to empower or enable other clinicians to provide optimal palliative care
 - focusing specialist palliative care workforce on more select list of tasks or care contexts
- planning for the surge in cases during the pandemic and recognising at which point triage processes will occur to prevent the healthcare service becoming overwhelmed
- consideration of how to sustain the surge in cases over time, as the pandemic curve is flattened, to prevent staff fatigue and secondary trauma
- preparing staff for the potential challenges of COVID-context palliative care

When should usual practices change?

Palliative care services will be dependent upon the local resources, government directions and how communities respond to the pandemic in each region. Overall, we recommend an approach that adapts early and remains flexible to the changing nature of events. State and federal governments will provide guidance regarding when a return to normal processes are possible. The following principles for reflection may assist when weighing individual elements of care:

- Rationale to implement measures immediately:
 1. Reduce transmission of COVID-19
 2. Preserve stocks of personal protective equipment (PPE) and other resources by reducing in-person consultations where possible
 3. Limit the number of changes to clinical and workplace processes (avoid confusion and 'change fatigue')
 4. Maximise time for staff to learn and adapt

5. Opportunity for services to test and refine protocols before patient load is high
 6. Provide clarity of messaging in order to promote informed decisions, support each other and decide upon treatment options
- Rationale to delay, stagger or relax measures:
 1. Reduce unnecessary negative effects on patient care
 2. Reduce unnecessary bereavement risks

We recommend sharing protocols, resources and plans more widely than usual, particularly to support community health services and general practitioners. All health care professionals should benefit from the resources gathered and created to upskill in the management of COVID-positive patients. Coordination of the resources will be challenging, and state-wide bodies should undertake a key role. Access to reliable local information also facilitates informed decision-making with patients and their families/ carers.

REFERENCES

1. <https://www.hospice.org.nz/wp-content/uploads/2020/03/Palliative-Care-in-a-Pandemic-V1-27-March-2020.pdf>
2. <https://www.caresearch.com.au/caresearch/tabid/5973/Default.aspx> [Accessed 23 April 2020]

THIS INFORMATION IS OF A GENERAL NATURE AND SHOULD BE ADAPTED DEPENDING ON LOCAL PROTOCOLS. For further assistance, please contact THE PALLIATIVE CARE TEAM on

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