Palliative Care During the COVID-19 Pandemic

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Presenter Disclosure

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Challenges for Palliative Care During a Pandemic

• Palliative care need will likely increase
• Palliative care may be required in unconventional settings
• Shared decision making to focus less on individual choice, more about “greatest good for the greatest number of people”
• Infection control measures can lead to isolation
Palliative Care has a role to play during a Pandemic

• Triage protocol could change during a humanitarian crisis
• We have equal duty to care for those who will not survive
• Palliative care is a basic human right
Approach to Palliative Care During a Pandemic

- Staff
- Stuff
- Space
- Systems

- Sedation
- Separation
- Communication
- Equity
• Comfort medications
• Subcutaneous sets, infusion (CADD) pumps
• Palliative medication kits (eg symptom response kits)
• Palliative care specialists can’t do it all (already the case)
• Need to provide primary care providers with basic tools and resources & access to specialist palliative care team for support & advice
• Interprofessional specialist palliative care team support will be needed, especially from nursing, social work and spiritual care
• Opioids are safe to use in respiratory failure and dyspnea

Palliative care is “everyone’s responsibility”
Guidelines for basic palliative symptom management in EOL care for adults with COVID-19
- BC Palliative Care team

Staff

• **Guidelines for end of life care in the ED for patients imminently dying of COVID-19**

- team of dual certified EM & PM physicians BC Palliative Care team

End-of-life care in the Emergency Department for the patient imminently dying of a highly transmissible acute respiratory infection (such as COVID-19)

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• Traditional palliative care spaces may be underutilized
• Patients may die on a specialized inpatient ward
• LTC or home care patients with palliative care needs may choose to remain in place
Systems

• Regional plans to triage patients
  • Primary vs. Specialist palliative care
  • Virtual vs in-person visits
• Basic symptom management guidelines provided by the local jurisdiction
• Forming large call groups to cover each other
• Staff in isolation can potentially provide virtual care and/or help with triage
Sedation

• For refractory symptoms
• CSPCP recommends:
  • consultation with palliative specialist
  • using approved guidelines/policies for palliative sedation

Examples
  • Alberta Health Services Palliative Sedation - Adult
  • BC Centre for Palliative Care Refractory Symptoms & Palliative Sedation
Separation

- Infection control precautions, visitor restrictions, travel restrictions before and after a death
- Use video calling technologies
- Social work & spiritual care support
- Grief and Bereavement
Communication

• Goals of care should be discussed well prior to critical care
  • at admission to hospital as minimum standard, but hopefully before
• Many patients at the highest risk of death from COVID-19 may prioritize “what matters most”
• Move from an informative approach to a deliberative approach
• “Connection before content”
La première victimé québécoise du coronavirus est une femme âgée à la santé fragile qui a refusé tout acharnement thérapeutique, a appris Le Journal.

• À lire aussi: Les derniers développements de la pandémie COVID-19

La femme originaire de Lanaudière avait été récemment transférée à l'Hôpital général juif de Montréal, l'un des hôpitaux désignés pour hospitaliser les malades infectés à la COVID-19.
Equity

- Social determinants of health play the biggest role in how people live & die
- Patients already have inequitable access to care
- Inequity will increase as part of any triage protocol
- “Doubly vulnerable” patients are more likely to need palliative care
Key Points

• Palliative Care is essential part of any pandemic planning
• Suggest a multi-pronged approach: stuff, staff, space, systems, sedation, separation, communication, equity
• Any triage protocol must offer palliative care
• Palliative care is a basic human right
• We are all learning together in this new situation
Thank you!

Access to pain relief and palliative care is a human right and an essential part of the Universal Health Coverage.
Questions?

Please contact CSPCP Executive Director, Kim Taylor anytime at ed@cspcp.ca

Recommended resources for COVID-19 are available in the members area of our website: www.cspcp.ca
Contact Us

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