



Input to the Public Health Agency of Canada

PALLIATIVE CARE AS PART OF PANDEMIC PLANNING

Submitted by the Canadian Society of Palliative Care Physicians

May 19, 2020

1. Palliative care is an essential part of any pandemic response for all patients.

- The current interim guideline “Clinical management of patients with moderate to severe COVID-19” only mentions palliative care as a special consideration for older persons with COVID-19 (section 8.3). Palliative care can be appropriate for patients of any age, including children and youth.
- Similarly, conversations aimed at understanding a person’s values, wishes and preferences for health care should take place for all patients, not just for older persons.

2. We cannot save everyone, but we can mitigate suffering for those with difficult-to-manage symptoms, including those who die.

- Statistics from the Chinese Centre for Disease Control and Prevention indicate the following¹:
 - 14% have severe disease with serious, difficult-to-manage symptoms.
 - 5% have critical illness with respiratory failure, septic shock and/or multiorgan failure.
 - Based on this, 19% (nearly 1 in 5) need the skills of specialized palliative care clinicians.
- In Canada, as of May 19, 2020, there were 78,499 cases of COVID-19 to date:
 - 5,857 have died (~7.5%). Many would benefit from palliative care, which may or may not have been provided.
 - 4,232 (5%) were hospitalized and would also benefit from a palliative approach to care. This figure does not include people with difficult-to-manage symptoms that are treated in other settings of care (such as long-term care facilities, group homes, and private residences), who would also benefit.
 - 39,498 (50%) have recovered.
- Many health care providers are called on to deliver palliative care services, but they are not trained or comfortable in spite of years of advocacy to include a palliative approach to care in training programs. The Way Forward² survey of General Practitioners, Family Practitioners and Nurses in Primary Care showed that only 23-29% of General Practitioners/Family Practitioners and 26% of nurses felt very comfortable providing a palliative approach to care with patients and their families. When nearly 75% of the workforce is not very comfortable providing a palliative approach to care² that is needed to help a significant portion of patients affected by COVID-19, it underscores the need for specialist palliative care involvement and inclusion of palliative care in guidance documents.

¹ Aggarwal, Krishan Kumar COVID-19 the Asian Perspective World Medical Journal Nr.2, April 2020 Vol 66 pgs 2-13

² The Way Forward – Moving Towards an Integrated Palliative Approach to Care: [Survey of GP/FPs and Nurses in Primary Care](#). August 2014

3. The role of palliative care is to:

- Reduce suffering. With COVID-19, suffering can be rapid in onset and very severe. It can occur in any setting of care, in any age group, and at any time after diagnosis.
- Support decision making for affected patients in Canada and their families. These decisions are often very difficult, and they can take place under rapidly changing conditions.
- Provide impeccable management of symptoms.
- Provide grief and bereavement support to patients, families, friends and health care providers – especially in the unusual circumstance of no-visitor or restricted-visitor policies, physical distancing, and restrictions on funerals.

4. In depth guidance on palliative care should be included in future PHAC guidelines as an essential part of Canada’s pandemic response.

About the Canadian Society of Palliative Care Physicians

The Canadian Society of Palliative Care Physicians promotes access to palliative care for all Canadians, through advocacy, partnerships, research, and physician education. Our membership consists of over 575 palliative care physicians and physicians with a special interest in palliative care — including regional and local program leaders, educators, residency directors, clinicians, and palliative care residents.

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