



The following information resources have been selected by the National Health Library and Knowledge Service Evidence Virtual Team in response to your question. The resources are listed in our estimated order of relevance to practicing healthcare professionals confronted with this scenario in an Irish context. In respect of the evolving global situation and rapidly changing evidence base, it is advised to use hyperlinked sources in this document to ensure that the information you are disseminating to the public or applying in clinical practice is the most current, valid and accurate.

## YOUR QUESTION

What are the palliative care considerations for COVID-19 patients at end-of-life?

### What does the World Health Organization say?

#### [Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises: A WHO guide<sup>i</sup>](#)

Current responses to humanitarian emergencies and crises rightfully focus on saving lives, but for both ethical and medical reasons, the prevention and relief of pain, as well as other physical and psychological symptoms, social and spiritual distress, also are imperative. Therefore, palliative care, should be integrated into responses to humanitarian emergencies and crises. The principles of humanitarianism and impartiality require that all patients receive care and should never be abandoned for any reason, even if they are dying. Thus, there is significant overlap in the principles and mission of palliative care and humanitarianism: relief of suffering; respect for the dignity of all people; support for basic needs; and accompaniment during the most difficult of times. This manual is part of a series of WHO publications on palliative care. Their objective is not to provide clinical guidelines but rather practical guidance on integrating palliative care and symptom relief into health care systems.

Of particular note: “the EP Hum consists of a set of safe, effective, inexpensive, off-patent and widely available medicines, simple and inexpensive equipment and basic social supports, which together can prevent and relieve suffering of all types – physical, psychological, social, and spiritual. It also includes the human resources needed to apply them appropriately, effectively and safely, and to provide psychological and spiritual support.”<sup>ii</sup>

### What does BMJ Best Practice say?

#### [BMJ Best Practice: Palliative Care<sup>iii</sup>](#)

See especially “Overview of common symptoms experienced by patients in the palliative care setting,” pp. 7-17.

### What does UpToDate say?

#### [Palliative care: The last hours and days of life<sup>iv</sup>](#)

Palliative care is an interdisciplinary medical specialty that focuses on preventing and relieving suffering as well as supporting the best possible quality of life for patients and their families facing serious illness. Despite the benefits of palliative and hospice care, many patients in the terminal stages of a serious life-threatening illness die in settings where they do not receive care designed to address suffering in the last hours of life. Providing care to actively dying patients presents unique challenges for the clinician. Patients in their final days require careful symptom management, and families need support and coaching as death approaches.

This topic review will cover management of patients with a terminal disease who are in the final days to hours of life. The comprehensive patient assessment and symptom assessment for palliative care patients, as well as an overview of managing pain and common non-pain symptoms in palliative care patients ...



## What does the international literature say?

### [Clinical guide for the management of palliative care in hospital during the coronavirus pandemic](#)<sup>v</sup>

As clinicians, we all have responsibilities in relation to coronavirus and we should seek and act on national and local guidelines. We have a specific responsibility to institute best practice palliative care for all patients who require this, either with pre-existing palliative care needs or because of coronavirus infection. We may need to work outside our specific areas of training and expertise, and the General Medical Council (GMC) has already indicated its support for this in the exceptional circumstances we may face. All hospitals have access to specialist palliative care teams, whether as in-house hospital palliative care teams or in-reach teams from local palliative care services. These teams will be able to provide advice and support, but it will not be possible for them to provide direct care to everybody who needs it, especially as the pandemic progresses. This guidance is aimed at all professionals looking after patients with coronavirus, and their families, in the hospital setting. This guidance does not replace evidence based local guidelines for palliative care. It is intended to support practice where local guidance does not already exist.

### [Coronavirus and the palliative care response](#)<sup>vi</sup>

An excellent list of resources/links from the European Association for Palliative Care who have “set up a web page for their members to source and share important information and updates on caring for people with COVID-19.”

### [From the front line: Palliative care in Bologna during the COVID-19 crisis](#)<sup>vii</sup>

Following the COVID-19 outbreak in Italy, the main advice to others who are approaching a similar situation is: **rearrange, rearrange, rearrange**. Palliative care services in this emergency must be flexible and adapt and change their organisation as needed to guarantee care to those who need it most.

### [Response and role of palliative care during the COVID-19 pandemic: a national telephone survey of hospices in Italy](#)<sup>viii</sup>

Background: Palliative care is an essential component of healthcare in pandemics, contributing to symptom control, psychological support, and supporting triage and complex decision making.

Concerns included scarcity of personal protective equipment, a lack of hospice-specific guidance on COVID-19, anxiety about needing to care for children and other relatives, and poor integration of palliative care in the acute setting.

Conclusion: The hospice sector is capable of responding flexibly and rapidly to the COVID-19 pandemic.

Governments must urgently recognise the essential contribution of hospice and palliative care to the COVID-19 pandemic, and ensure these services are integrated into the health care system response. Availability of personal protective equipment and setting-specific guidance is essential.

### [Palliative care and COVID-19](#)<sup>ix</sup>

The importance of delivering effective palliative care as the COVID-19 epidemic unfolds is becoming more and more recognised. Whilst it is common to restrict the view of palliative care to the needs of patients who will not recover from the virus, palliative care also seeks to support the physical, social, psychological and spiritual needs of patients and their close ones, across the whole trajectory of illness. So the demands are huge and we see examples from correspondence with colleagues around the world of hospital-based palliative care teams being given massive responsibilities in specially designated coronavirus areas of the acute hospital.

We are sharing here some observations based on a rapid, non-systematic review of key literature on palliative care in pandemic and related contexts, such as humanitarian disasters of various kinds. We try to highlight some of the issues that require consideration. In doing so we want to contribute to the rapidly developing dialogue about COVID-19 and palliative care, which is occurring between service providers, researchers, community groups and others wishing to pool knowledge and information in the interests of informed strategies and collective action.



## COVID-19 pandemic: palliative care for elderly and frail patients at home and in residential and nursing homes <sup>x</sup>

While the whole population is at risk from infection with the coronavirus (SARS-CoV-2), older people – often frail and subject to multimorbidity – are at highest risk for severe and fatal disease. Experience from Italy shows a median age at death of 79 years for men and 82 for women. Severe illness with an uncertain outcome and end-of-life situations call for good palliative care for the patients concerned. The Association for Geriatric Palliative Medicine (FGPG) promotes the integration of a palliative care approach and skills into the care of elderly and very elderly people – both in the inpatient setting and at home. The current pandemic and the publication of the SAMS Guidelines “COVID-19 pandemic: triage for intensive-care treatment under resource scarcity” have prompted the FGPG to prepare these recommendations for practice.

## Symptom management for adult patients with COVID-19 receiving end-of-life supportive care outside of the ICU <sup>xi</sup>

Adapted from BC Centre for Palliative Care (Canada) Guidelines with input from Palliative Care MDs and pharmacists.

## Therapeutic measures in patients with COVID-19 with expected unfavorable prognosis <sup>xii</sup>

List of recommendations for symptom control. See section entitled: RECOMMENDATIONS FOR PHYSICIANS IN THE INPATIENT SECTOR.



Produced by the members of the National Health Library and Knowledge Service Evidence Team.<sup>†</sup> Current as at 31 March 2020. This evidence summary collates the best available evidence at the time of writing. Emerging literature or subsequent developments in respect of COVID-19 may require amendment to the information or sources listed in the document. Although all reasonable care has been taken in the compilation of content, the National Health Library and Knowledge Service Evidence Team makes no representations or warranties expressed or implied as to the accuracy or suitability of the information or sources listed in the document. This evidence summary is the property of the National Health Library and Knowledge Service and subsequent re-use or distribution in whole or in part should include acknowledgement of the service.

The following PICO(T) was used as a basis for the evidence summary:

	COVID-19 PATIENTS AT END-OF-LIFE
	PALLIATIVE CARE INTERVENTIONS

The following search strategy was used:

[ABBREVIATED] COVID-19 OR coronavirus or "corona virus" or (Wuhan N3 virus) or ("2019-nCoV" or "2019 ncov") or "severe respiratory syndrome coronavirus2" or ("2019" and (new or novel) and coronavirus)) (HCoV-19) AND ("Palliative Care" OR "Hospice and Palliative Care Nursing" OR "Terminal Care" or "end of life care")

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<sup>i</sup> World Health Organization (2018) <https://apps.who.int/iris/bitstream/handle/10665/274565/9789241514460-eng.pdf?sequence=1&isAllowed=y> [Accessed 30 March 2020]

<sup>ii</sup> World Health Organization (2018) <https://apps.who.int/iris/bitstream/handle/10665/274565/9789241514460-eng.pdf?sequence=1&isAllowed=y> See pp. 35-35 [Accessed 30 March 2020]

<sup>iii</sup> Youngwerth and Minton (2018) <https://bestpractice.bmj.com/topics/en-us/1020>

<sup>iv</sup> Harman et al. (2019) [https://www.uptodate.com/contents/palliative-care-the-last-hours-and-days-of-life?search=Palliative%20care:%20The%20last%20hours%20and%20days%20of%20life&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/palliative-care-the-last-hours-and-days-of-life?search=Palliative%20care:%20The%20last%20hours%20and%20days%20of%20life&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)



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- <sup>v</sup> NHS (2020) <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0081-Speciality-guide-Palliative-care-and-coronavirus.pdf> [Accessed 31 March 2020]
- <sup>vi</sup> European Association for Palliative Care (2020) <https://www.eapcnet.eu/publications/coronavirus-and-the-palliative-care-response> [Accessed 31 March 2020]
- <sup>vii</sup> Valenti (2020) <https://eapcnet.wordpress.com/2020/03/22/from-the-front-line-palliative-care-in-bologna-during-the-covid-19-crisis/> [Accessed 31 March 2020]
- <sup>viii</sup> Constantini et al. (2020) <https://www.medrxiv.org/content/10.1101/2020.03.18.20038448v1> [Accessed 31 March 2020]
- <sup>ix</sup> Clark (2020) <http://endoflifestudies.academicblogs.co.uk/palliative-care-and-covid-19/> [Accessed 31 March 2020]
- <sup>x</sup> Kunz and Minder (2020) <https://smw.ch/article/doi/smw.2020.20235> [Accessed 31 March 2020]
- <sup>xi</sup> BC Centre for Palliative Care (2020) <https://med-fom-fpit.sites.olt.ubc.ca/files/2020/03/COVID-19-End-of-Life-Symptom-Management.pdf> [Accessed 31 March 2020]
- <sup>xii</sup> Theile et al. (2020) <https://www.palliative.ch/en/professionals/task-forces/focus-corona/> [Accessed 31 March 2020]