



## YOUR QUESTION

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

### What is the best evidence currently?

According to the WHO (2018) “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.”

The NHS state that “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.”

Speaking from the frontline following the COVID-19 outbreak in Italy, Dr. Danila Valenti (2020), Medical Director of a palliative care unit in Bologna, Northern Italy offers the following advice to others who are approaching a similar situation: “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.”

Costantini et al. (2020) also reporting from Italy ask governments to “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.”

Reporting from the University of Glasgow, Glasgow End of Life Studies Group, Professor David Clark (2020) writes: “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.”

Recommendations for symptom control in palliative COVID-19 patients with from different international sources are listed below. [See especially 5, 6, 11 & 12 below].



## SOURCES\*

Produced by the members of the National Health Library and Knowledge Service Evidence Team. † Current as at 31 March 2020. This rapid evidence review 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:

<b>P</b> Population person location condition/patient characteristic	COVID-19 PATIENTS AT END-OF-LIFE
<b>I</b> Intervention length location type	PALLIATIVE CARE INTERVENTIONS
<b>C</b> Comparison another intervention no intervention location of the intervention	
<b>O</b> Outcome	

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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