Australian COVID-19 Palliative Care Working Group

COVID-19: Why palliative care matters!

2 April 2020

Australia is pulling out all stops to try to prevent a surge in coronavirus cases, while also rapidly preparing for the possibility that these efforts may not be successful. As part of that preparation, decisions are being made about ensuring that appropriate health professionals are available where they are needed most. Palliative care will be an essential component of the frontline response as the number of Australians dying from COVID-19 increases.

Palliative care can help manage severe shortness of breath, physical symptoms and distress, and provides personal support for people who are seriously ill or, dying and their families. It can assist in *prevention* and *reduction* of clinical problems in the community and residential aged care, and help to ensure that vulnerable people can avoid unnecessary emergency department presentations and hospitalisation. Palliative care can contribute innovative solutions to *personal connection* despite extenuating circumstances.

The President of the European Association for Palliative Care (EAPC), Prof Christoph Ostgathe, has pointed out that during the disordered emergence of this pandemic, many people may not have considered why palliative care is an essential service. **However, he warns, palliative care is key**.

In an EAPC statement on March 20, he wrote:

> *"During this crisis, in palliative care we need to step up and ensure that we are proactive; that we fully utilise our well-honed skills and competencies and prove that we are an important part of our hospitals and our services crisis plans. It is important that we are able to speak out loud where there is treatable suffering in this crisis. We need to make it clear that in a pandemic like this palliative care is not a luxury, it is a human right!"*[1]

Prof Ostgathe points out that the patients most affected by COVID-19 are the *"elderly, weak and sick, many of them patients that we would perceive as patients with palliative care needs"*. While the average mortality rate for COVID-19 patients in various communities has ranged between 0.3% and 7%, mortality among the frail and elderly population is significantly higher.

[1] Start thinking about palliative care in times of a pandemic: The case of corona … Posted on March 20, 2020

Key decision-makers should also be aware of the voices coming from our colleagues in Northern Italy, with doctors warning:

> *"The situation here is dismal as we operate well below our normal standard of care. Wait times for an intensive care bed are hours long. Older patients are not being resuscitated and die alone without appropriate palliative care, while the family is notified over the phone, often by a well-intentioned, exhausted, and emotionally depleted physician with no prior contact."*[2]

As the EAPC President has so clearly stated, palliative care specialists and teams are experienced in dealing with complex problems and treatment decisions, and can be instrumental in balancing a variety of perspectives and incorporating the psychological, social and spiritual issues of patients, their families and the staff caring for them including grief and bereavement. A wider role during the epidemic should be promoted to help ensure that no patient is abandoned, especially if they are dying.

While acute care services concentrate on the task of managing the more physical consequences of COVID-19, the palliative care team can work in a complementary fashion to address patients' symptoms and broader psychosocial and other associated needs, and when necessary, the transition to end of life care. This will also enhance mutual support between clinicians dealing with the complex personal challenges of caring for large numbers of people during a pandemic.

As Australia maximises the availability of acute and intensive care beds, we must also integrate specialist palliative care services into planning of support for hospitals, residential aged care and other venues of care in the community. This is particularly important so that those with, or at risk of COVID-19, and current and newly diagnosed palliative care patients with other conditions, can remain in the community if at all possible and not be transferred to hospital settings. Flexibility and forward thinking will be key to achieving the best possible outcomes in these most challenging circumstances.

There is a strong argument for maintaining and urgently planning for augmentation of palliative care services as part of operational surge planning.

More information about the Australian COVID-19 Palliative Care Working Group and regular COVID-19 updates are available at palliativecare.org.au/covid-19-updates. For further information, contact PCA National Communications Manager at natalie.peck@palliativecare.org.au or phone: 0400627260.

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Chair, PCA Board, on behalf of the Australian COVID-19 Palliative Care Working Group

[2] NEJM Catalyst: Innovations in Care Delivery: At the Epicenter of the Covid-19 Pandemic and Humanitarian Crises in Italy: Changing Perspectives on Preparation and Mitigation March 21, 2020 Mirco Nacoti, MD, Andrea Ciocca, MEng, Angelo Giupponi, MD, Pietro Brambillasca, MD, Federico Lussana, MD, Michele Pisano, MD, Giuseppe Goisis, PhD, Daniele Bonacina, MD, Francesco Fazzi, MD, Richard Naspro, MD, https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0080