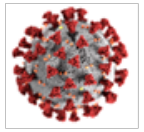
Evidence current as of 7/5/2020



Covid-19

Rapid Review for the EC

Friday, 8 May 2020

Review 8

Compiled by Dr Luke Bush, Dr Lauren Lai King and Dr Kamlin Ekambaram

The purpose of this regular review, is to present COVID-19 related questions in Emergency Medicine

We accept that available literature on the topics covered in these reviews may be scarce or incomplete, but shared discussion of novel front line strategies may be a tool to augment our clinical practice and develop future policy

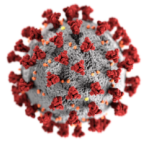
Topic:

- **Palliative Care / Alleviating suffering**

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COVID-19 a pandemic

Covid-19
Rapid Review for the EC

"**A pandemic is a cause and powerful amplifier of suffering**, through physical illness and death, through stresses and anxieties, and through financial and social instability.

Alleviation of that suffering, in all its forms, needs to be a key part of the response.(The Lancet)"

Alleviating suffering is going to need to be as much a part of our plan as saving the lives that we can.

As resources around the world have been mobilised to limit viral spread and treat those who become ill with COVID-19, much of the necessary emphasis has been on how best to save lives.

Both the virus itself and our necessary response to it have brought suffering.

As health care workers dealing with the direct human cost of the virus, even though we have limited ability to treat the disease, there is much that we can do for those who survive and those who die.

"To cure sometimes, to relieve often, to comfort always.(1)"

Apart from managing the medical complexities of the illness, health care workers will also need to skilfully manage distressing symptoms; have complex conversations compassionately, including 'goals of care discussions' with patients and families; and manage psychosocial and existential distress(2).

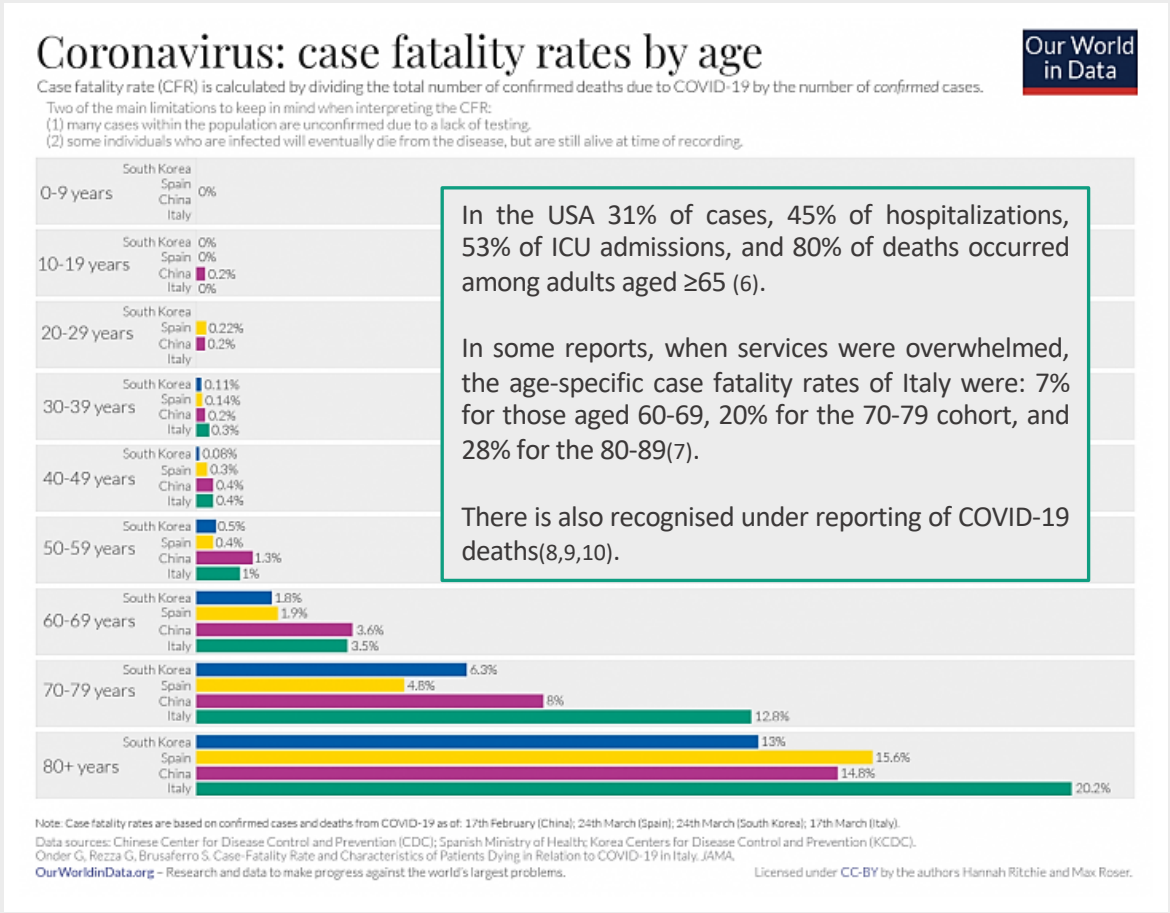
In South Africa currently 10% of those who have tested positive are healthcare workers(3). This is consistent with figures elsewhere in the world and supports concern that there is significant risk of falling ill. This will not only have consequences for the ill worker, but also deplete the health service during what is likely to be a prolonged surge in patient numbers.

The burden of responsibility and risks of contracting the disease are likely to have lasting effects on the health care profession. Providing guidance, support and care for health care workers should also be considered.

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What can we expect?



In the USA 31% of cases, 45% of hospitalizations, 53% of ICU admissions, and 80% of deaths occurred among adults aged ≥65 (6).

In some reports, when services were overwhelmed, the age-specific case fatality rates of Italy were: 7% for those aged 60-69, 20% for the 70-79 cohort, and 28% for the 80-89(7).

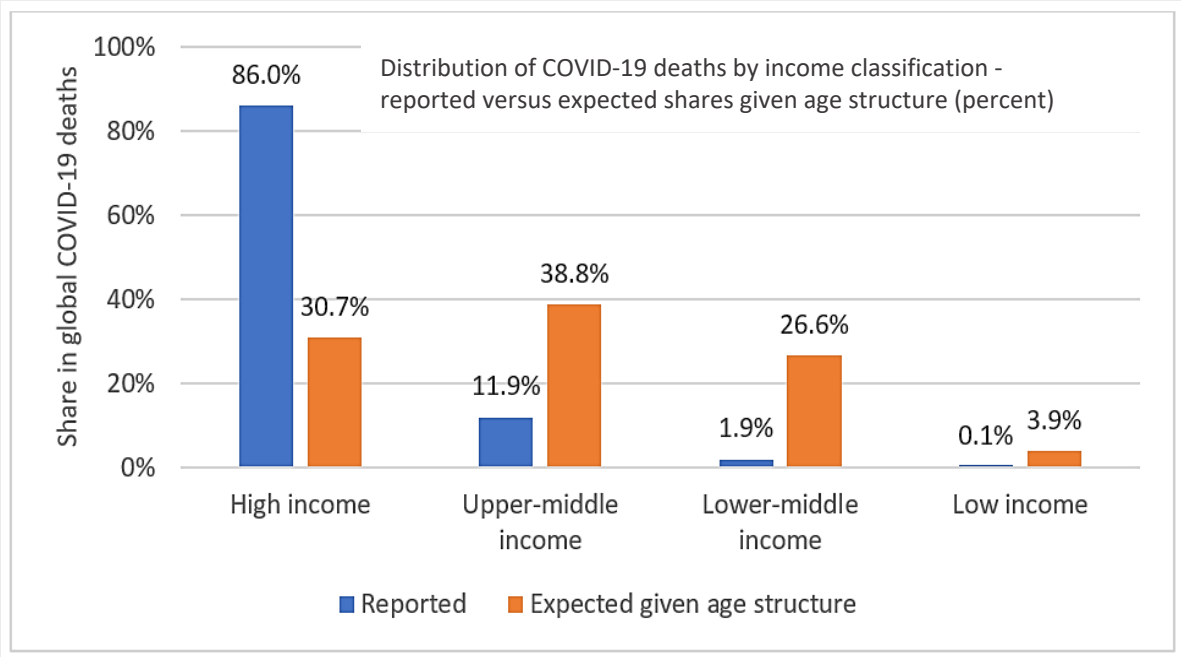
There is also recognised under reporting of COVID-19 deaths(8,9,10).

What we can learn from countries ahead of us in the pandemic

- We are unlikely to be able to get in front on the virus
- We can expect our health services to be overwhelmed
- We can expect many of the elderly and those with co-morbid illness who get the disease to die.

What are the projections

Data across countries has shown variability in absolute numbers as a result of differences in the reporting of deaths and who is being tested. What appears to be consistent across countries, is the demographics of those likely to have severe disease. Based on these consistent factors the graphic below shows what can be expected globally in terms of deaths, as a percentage, given the age structure across countries by income classification(7).



References, resources & comments via QR code

Palliative care principles

Covid-19
Rapid Review for the EC

Our aim should be to ensure that patients and families receive dignified, compassionate care during this pandemic.

Palliative Care does not only describe end of life care, but the relief of symptoms and suffering for all, whatever their COVID status or final health outcome.

- It **begins when illness is diagnosed** and continues regardless of whether a person receives treatment directed at the disease.
- It requires an **interdisciplinary team** approach with the aim to improve the quality of life of patients and their families when faced with a life-threatening illness.
- It **doesn't intend to hasten or prolong death** and must be provided alongside standard care.

Following palliative care principles enables the prevention and relief of suffering through early identification, assessment and treatment of pain and other physical, psychosocial and spiritual distress.

PALPRAC

PALPRAC Guidelines and other resources on Palliative care during COVID-19 pandemic

Please see this guidance for detailed and practical steps of how we should manage COVID-19 positive and negative patients during the pandemic.

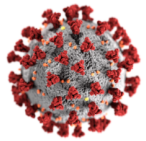
End of Life Care begins when there is irreversible decline prior to death - it is the ethical management of the dying phase - minimising distress for the patient, family and fellow health care professionals .

The setting for palliative and end of life care may be hospital-based or home-based, depending on local resources and protocol.

"Whether we can cure disease or relieve suffering, the most important thing we have to offer our patients is ourselves as comforters. That's hard work, as it requires going the extra mile, being vulnerable and facing the limitations of science and technology. Nonetheless, patients trust us with their vulnerability, and it is our job to provide a person-to-person healing encounter." William E. Cayley Jr

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What can we do?

Covid-19
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Early integration of palliative care principles when admitting patients with COVID-19*

- Identify health care proxy
- Establish goals of care with the patient

Recognition of patient and family specific psycho-social needs and provide support where possible

Appropriate management and control of symptoms

- Fever
- Dyspnoea
- Nausea and Vomiting
- Agitation and Anxiety

Facilitation of communication between patient and family*

Provide end of life care

Provide adequate PPE and training in their use for staff

Establish support mechanisms for staff and engage staff regarding fears and concerns

* This is of vital importance and cannot be emphasised more.
See the attached guidance on how best to approach these difficult conversations.

Hospital based palliative care for patients who are suspected of having COVID-19 or who are COVID-19 positive

South Africa is a country where resources need to be effectively and fairly allocated in order to provide the right care to the right patients and to ensure all patients receive compassionate and dignified care at all times.

Palliative care is a fundamental part of the national response to COVID-19 and can be integrated into the severity scoring as follows, reassessing regularly as the colour code may change:

Mild to moderate COVID-19 cases	Less likely to need oxygen	Will need medical care and symptom control if required and psycho-social support.
Severe COVID-19 cases	Less likely to need mechanical ventilation. Likely needs oxygen	Symptom control and psycho-social support of patient and family are needed
Critical COVID-19 cases	Probably needs mechanical ventilation.	Palliative care should be integrated with life sustaining treatment. Psycho-social support of patient and family are needed
Expectant of not surviving COVID-19	Survival not possible with care available	Urgent palliative care is required

This document focuses on the care of patients where symptoms are significant and/or survival may not be possible with the available resources

Conversation on admission - goals of care and identifying health care proxy:

An important part of the process in identifying 'the right patient for the right care' would be a 'goals of care conversation' and identifying a health care proxy upfront. This is discussed with either the patient at the time of admission, or the patient's family if they are unable to speak for themselves. Matching a patient's goals and wishes to their medical (and the system's) reality when making treatment decisions, ensures patient-centred care. Especially at a time when decision-making is complex, the pace is fast, anxiety runs high and all is complicated by isolation, this primary step is crucial. It will save time and heightened emotion later.

PALPRAC

PALPRAC Guidelines and other resources on Palliative care during COVID-19 pandemic

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Palliative Care Guidance in COVID-19

Covid-19
Rapid Review for the EC

"To know the patient that has the disease is more important than to know the disease that the patient has". William Osler

PALPRAC Guidelines and other resources on Palliative care during COVID-19 pandemic

Training videos presented to DOH-WC on the PALPRAC guidelines:

- Transitioning from critical care to palliative care during COVID-19
  https://youtu.be/GIiLjl4Uru4
- Protecting, supporting and caring for Palliative COVID-19
  https://youtu.be/aIRX-RMoNJw

PALPRAC Virtual Office Hours - Two palliative care doctors will be available to doctors and nurses to discuss issues around symptom management, complex communication scenarios or a palliative care approach to managing Covid-19 and/or palliative care patients:

Tues and Thurs 4-5pm on Zoom
Meeting ID: 936 8743 1055
Password: 004358

The WHO in their COVID-19: Operational guidance for maintaining essential health services during an outbreak omitted any mention of the palliative care services that have been at the forefront of certain regions response to the pandemic (11).

With case fatality rates above 15% in the elderly population (12), many countries have, in the face of an advancing pandemic, been pragmatic with their scare resource allocation. They have advocated for early advanced care planning and attempted to manage their elderly caseload in the community. As a result they have many of their elderly dying at home or in care homes. In Sweden over 50% of their deaths have occurred in care homes (13).

Whether it is possible to manage ill COVID-19 patients in the community is likely dependent on the resources available to be mobilised to community care and whether the risk that this brings to professional and non-professional caregivers is considered acceptable.

Whilst these dilemmas pose moral and ethical questions in countries that have so far faced significant caseloads, countries with greater resource limitations will have to attempt to equitably distribute what services are available, in an attempt to not overwhelm their health care service and provide care for all patients and not just those with COVID-19.

Establishing location specific palliative care practices is a necessity to provide care that assists to relieve symptoms and suffering associated with COVID-19.

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