

Alleviating suffering and upholding dignity in the midst of CoViD-19 response: A place for palliative care

As CoViD-19 spreads globally, healthcare providers and planners may encounter challenges and dilemmas that are new to them but are more common in humanitarian contexts. This brief shares lessons drawn from a Research for Health in Humanitarian Crises (R2HC) funded [study](#) exploring ethical and practical dimensions of palliative care in humanitarian response. The project examined case studies from the West African Ebola crisis (Guinea), natural disaster responses (Haiti, Nepal, Philippines and others), and refugee settings (Jordan, Rwanda, Bangladesh). Lessons learned about palliative care in contexts where patients are isolated to prevent disease transmission and where systems face severe resource constraints can inform the CoViD-19 pandemic response. Alongside the urgent need to advocate for access to life-saving care for those affected by CoViD-19, there is a need to incorporate palliative care strategies to alleviate suffering and uphold dignity. Illustrative quotations drawn from the study are included below.

"If you don't think of [palliative care] beforehand, you're really going to miss it completely. You're going to miss the opportunities."

Palliative care is an integral component of pandemic response plans and activities

- We need to consider both how we will care for those who will die of CoViD-19, and for those with palliative care needs unrelated to the pandemic.
- Death is not a failure, but an expected outcome for some patients. Those who are dying need active and intentional care.
- Especially in moments where there is limited access to, or a need for rationing of interventions (i.e. critical care services, ventilators, oxygen), people must not be "left to die" without accompaniment and support.
- Current WHO triage guidelines recommend prioritization of people who are not expected to survive at the second tier of a three-tier triage system, as well as aggressive treatment of physical and psychological suffering (WHO, 2018).
- Palliative care interventions to ease suffering and uphold dignity should occur together with efforts to treat infection and save lives, and may actually improve survival.

Social distancing and isolation have major consequences for palliative care

- Isolation can separate people from those who would advocate for them, rendering them more vulnerable.
- Accompaniment is a cornerstone of palliative care; whenever possible, no one should suffer or die alone.
- To the full extent possible, we need to support family members who desire to accompany their loved one who is dying, while attending to the public health imperative to prevent disease transmission.
- The innovative use of communication technology (e.g. tablets/iPads, Skype/Zoom) and other strategies can help people maintain contact with loved ones, and support grief and bereavement. We should not underestimate the importance of being able to say goodbye.

"...you have to go and talk to them to reassure them, to help them, to accompany them."

Access to opioids and other medications and supplies for symptom management is essential to the effective provision of palliative care

- We have an ethical duty to relieve distressing symptoms such as pain, anxiety, and breathlessness as much as possible for those who will survive, and also for those who will not.
- Ensuring adequate supplies of medications, especially opioids and benzodiazepines, and the means to administer them, are key for treating breathlessness and other symptoms effectively.
- Symptom-relieving medications can and should be administered alongside treatment-focused interventions to patients for whom treatment is appropriate and available.

Palliative care directs attention to the psychosocial, cultural, and spiritual aspects of death, dying, and bereavement

- Psychosocial and spiritual needs should be recognized, explored, and honoured to the extent possible.
- Ensuring that loved ones are connected to supports can be a source of comfort for people who are dying.
- Death and its aftermath are important rites of passage in most cultural and religious traditions. Hospitals and public health providers should designate teams, including religious and other specialists, to work with families, to find ways of ensuring that core aspects of the traditions that are meaningful to them can be upheld in ways that respect safety precautions.
- Ensuring transparency about the treatment of the bodies of those who have died is important to building and maintaining trust with affected communities, and to maintaining support for isolation measures.

While palliative care specialty expertise is necessary to support pandemic response, many palliative care actions can also be undertaken by non-specialist providers

- Clinical, social, spiritual, and psychological care providers with expertise in palliative care are an essential resource to a humane pandemic response.
- Evidence exists that providers with other expertise and lay health workers can and often already do play an important role in providing palliative care and psychosocial support to patients and their families.
- It is important to identify existing networks, programs, and providers that can support pandemic palliative care, particularly in the event of an acute shortage of healthcare workers.
- Any expansion or introduction of providers new to palliative care provision must be accompanied by context-appropriate training and support.

Palliative care can prevent negative psychological impacts for patients, families, and health providers

- Experiencing and witnessing unaddressed pain and suffering is traumatic for patients, families/caregivers, and health care providers.
- This can lead to severe mental health consequences for providers, including a sense of failure and complicity in suffering, rather than a sense that they provided the best care possible in the circumstances.
- Patients, family members, and healthcare providers require attention and support for the mental health impacts of triage and care rationing.

“The health care providers if they're, even in a crisis chaotic situation, if they feel that they're providing care and comfort to their patients I think they're going to have less trauma down the road”

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