

Palliative Care in the COVID-19 Pandemic

Briefing Note

Bio-Ethical Principles, Practices, and Recommendations Relevant to the COVID-19 Pandemic

Issue

A risk of the pandemic is that not all patients needing care will receive the proper standard. Moreover, when existing circumstances or escalating demand limit resources, systems may be forced to deny treatment to some patients in order to ensure treatment of others having better prognoses.

Background

The SARS-CoV-2 pandemic has exposed health system and resource deficits in countries of all income levels. Allocation of scarce medical devices and essential medicines entails hard choices and reconfiguration of existing services based on ethical guidelines to ensure humane and respectful treatment and care for all patients. The COVID-19 pandemic imposes the additional challenges of physical distancing and isolation that can affect both COVID and non-COVID patients and their loved ones. Palliative care is essential to provide physical, psychosocial and spiritual support for patients, families and practitioners in the context of COVID-19 pandemic. According to all WHO member states:

palliative care is an ethical responsibility of health systems, and [...] it is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial or spiritual, irrespective of whether the disease or condition can be cured [...] end-of-life care for individuals is among the critical components of palliative care; (WHA, 2015)

Just and fair rules for allocation of scarce resources such as ventilators, personal protective equipment (PPE) and essential medicines are essential. Many countries will find it especially challenging to locate new human and financial resources for COVID patients while maintaining proper standards of care for patients with other medical needs. Palliative care must be provided to all patients who need it regardless of prognosis and is ethically imperative for those not deemed eligible for life-supporting interventions. Since the personnel, medications and equipment necessary for palliative care may themselves become scarce resources under pandemic conditions, just and fair rules for their allocation must be developed. Such challenges call for high levels of personal, social and institutional solidarity and integrity.

Key Ethical Principles for Optimal Care during the COVID-19 Pandemic

- **Non-abandonment:** No person in need of medical care is ever neglected or abandoned; all who need it have access to palliative care;
- **Confidentiality:** Patient confidentiality is maintained in the absence of compelling public health concerns;
- **Respect for persons:** Protection of patient dignity and human rights includes provision of a private space for the dying and their families;
- **Whole person care:** Accompaniment, spiritual support and bereavement play key roles alongside intensive care, medical treatment, and symptom control;
- **Autonomy:** Autonomy is only restricted for compelling public health reasons;
- **Justice / Fairness:** Patients with similar health conditions have equal access to treatment and care (including protective measures) without discrimination based on ethnicity, religion, sex, age, disability, socio-economic status, or political affiliation.
- **Reciprocity:** Protection of public and provider health is prioritized; appropriate infection control precautions are in place, respected, and enforced;



- Rules governing allocation of scarce resources such as ventilators are posted in all institution providing care to COVID-19 infected patients. The following principles govern formulation and application of rules:
 - Inclusiveness: the most affected population(s) have input when possible;
 - Transparency: rules are easily accessible and understandable;
 - Accountability: mechanisms exist so affected persons, including clinicians, can challenge allocation decisions;
 - Consistency and Responsiveness: Rules are applied consistently, and notice is given when they are adjusted in response to new considerations.
- Vulnerable Populations:
 - The care of patients who are particularly vulnerable due to poverty, homelessness, social isolation, or discrimination may include more or more intense psycho-social services;
 - The care of patients who are particularly vulnerable to infection due to chronic illness or disability, or to their living situation, may call for enhanced protective measures;
 - The care of patients who are minors shall be governed by the principle of “superior interest of the child.”¹

[1] Unicef. (1989) Convention on the Rights of the Child.

Current Challenges

- Scarcity of essential health care resources including testing, ventilators, PPE, and medicines;
- Suffering of patients and their loved ones exacerbated by physical distancing and isolation, especially at the end of life when opportunities to say goodbye are limited or non-existent;
- Eroding community trust when lack of treatment options is perceived as patient abandonment;
- Uncertainty and anxiety regarding epidemiology, transmission, course, prognosis, prevention and treatment of COVID-19 relative to other, better understood, disease processes;
- Widespread social and economic breakdown induced by the pandemic.

Recommendations to UN member states and civil society organizations

- Ensure that clinicians and other providers of critical services, especially those who face disproportionate risk in helping others, have proportionally priority access to PPE, testing, treatment, and psycho-social support;
- Consider the appropriateness of any interventions in terms of individual patient need, rather than socio-economic status or identity; only begin an intervention if potential benefits are likely to outweigh potential harms;
- Prioritize patient access to scarce resources according to potential benefit, including to improve quality of life, as well as duration;
- Appoint a committee of unbiased, appropriately trained individuals to allocate scarce resources, and post reader-friendly guidelines in accessible locations;
- Provide an appeal process for visitation restrictions;
- Include palliative care pathways in all triage policies;
- Accept that patients with capacity can refuse interventions, even if these would be beneficial;
- Prioritize advance care planning across the continuum of care;
- Optimize health worker communication with patients and families, using electronic devices and associated resources to mitigate the burdens of quarantine; consider appointing a family support person;
- Support healthcare workers with stress and trauma management.

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