

COVID-19 among Palliative Care Patients

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Abstract

The increase in the number of COVID-19 cases and deaths shows the importance of palliative care for COVID-19 patient at the end stage of life. This paper aimed to review the most important literature regarding palliative care for patient with COVID-19. The search was performed in a number of electronic databases: Google Scholar, PubMed and WHO Website. The palliative care for patient with COVID-19 include symptom management, use pharmacological and non-pharmacological treatment, use technology to communicate with patient and their family, provide psychological and emotional support for patient and their family and address the bereavement needs of dying patients and their family.

Keywords: Corona Virus; COVID-19; Palliative Care; SARS CoV 2

Introduction

The COVID-19 belongs to the Beta coronavirus genera, that transmission from animal to human, then it transmission from human to human, the virus has been named "severe acute respiratory Syndrome coronavirus 2 (2019 nCoV/SARS CoV 2)" According to World Health Organization (WHO), the first case for coronavirus reported in Wuhan, china in December 31, 2019 [1].

Patient with COVID-19 experienced symptom ranged from mild to severe such as a slight cough, mild fever, nasal congestion, sore throat, fatigue, pneumonia, headache, diarrhea, hemoptysis, and dyspnea [2]. Some patient with COVID-19 may not have radiological changes and fever [3]. Most patients with COVID-19 are cured without therapeutic intervention [1], but some patients, such as the elderly, chronically ill, and people with immune diseases, COVID-19 could put them at risk of death. The total confirmed cases of COVID-19 globally until January 11, 2021 were 90353576 with mortality of 1936410.

Jordan reported 307209 cases and 4024 deaths [4]. The increase in the number of COVID-19 cases and deaths shows the importance of palliative care for COVID-19 patient at the end stage of life.

Aim of the Study

This paper aimed to review the most important literature regarding palliative care for patient with COVID-19.

Methods

Search methods

The search was performed in a number of electronic databases: Google Scholar, PubMed and WHO Website. The search keywords were included "Corona virus", "COVID-19", "palliative care" and "SARS CoV 2".

Papers published in 2019 and more. The studies included in the review were: (a) published in the English language, (b) discuss the palliative care for patient with COVID-19 and their family and (c) describe the pharmacological and non-pharmacological symptom management treatment for patient with COVID-19 at the end stage of life. Studies involving other disease, letters and non-medical journal were excluded.

Search outcome

Searching of the literature resulted in 40 titles for review. The final examination resulted in 15 articles.

Results and Discussion

The WHO defines palliative care as an "approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual "; the goal of palliative care is to improve the quality of life of patients and their families at the end of life, palliative care can applied early in the onset of disease in conjunction with other treatments [5].

In Jordan, palliative care is still under development and only there are two main organizations that provide palliative care include King Hussein Cancer Centre and Al Malath Foundation for Humanistic Care that introduce home-based and inpatient palliative care services for adults and children. Because of the prohibitions on hospital visits to reduce the spread of COVID-19 some hospitals have resorted to the use of technology in palliative care units, use of telehealth in palliative care allow and facilitate communication between physician, patient, and their family [6,7]. For example, in Italy the health care worker uses what's app to make family participate in treatment decision making, informed by result of lab test, patient follow up and say good-bye before dying, about 86% of Italian patient that admitted to acute palliative care unit and hospice die and the mean admission time in hospice is less than three weeks [8]., when use tele- meeting to communicate with patient family the health care professional must ensure privacy and confidentiality of the information shared in the meeting [9].

The palliative care for patient with COVID-19 include relieving physical and emotional distress. In addition, supporting patients and families through illness [10]. The patient with COVID-19 in last stage of life suffer from dyspnea and agitation, this symptom can have controlled by given patient standard doses of opioids and benzodiazepines [11].

The European Respiratory Society international task force set a group of recommendation about palliative care for patient with COVID-19 that include the health care provider should discussion the goal, treatment option and future medical treatment with patient and their family when patient diagnoses with COVID-19, give low dose opioid, benzodiazepines and given oxygen therapy when their transcu-

taneous oxygen saturation is less than 90% as palliative treatment for patient with COVID-19 and suffer from distressing breathlessness despite optimal treatment of underlying causes. The health care professional who provide care for patients with serious COVID-19 should receive training in optimizing clinician-patient communication whilst wearing personal protection equipment, received training in online clinician- family communication (while using telephone or video conferencing), received training in provide palliative care for patient with COVID-19 in hospital and home and have persistent symptoms and concerns despite optimal disease treatment, the psychosocial care should be providing as a part of treatment and offer bereavement support for the family of patient who dying with COVID-19 [12]. COVID-19 patient how are not eligible for ICU treatment the hospital palliative care teams offer care for patient that include: offer support in decision-making, optimize symptom control, provide psychosocial care for patients and their families and visiting restrictions to prevent spread of disease [13-21].

The health care professional use pharmacological and non-pharmacological symptom management treatment for patient with COVID-19 in the end stag of life, non-pharmacological treatment for mild breathlessness include make patient sitting upright and leaning forward, facial cooling with wet wipes, if patient have mild cough manage by sitting upright and leaning forward, sips of water for adequate hydration, mild delirium symptom manage by regular orientation, avoiding constipation, treating pain, maintaining oxygenation and avoiding urinary retention, pharmacological treatment for patient with COVID-19 in end stage of life include used opioid in managed of moderate breathlessness, moderate cough and moderate delirium, do psychological assessment if patient have psychological problem manage it by use of antipsychotic, and antidepressants drug and address the bereavement needs of dying patients and family by providing empathic and emotional support [9].

The role of palliative care physicians include triage, responding rapidly and flexibly, provide symptom management, adopting measures to deal with stress [22]. The health care institution should give education for health care professional such as nurses about symptom management for patient with COVID19 [23,24], and the health care professional should improve their communication skill [10,25-34].

Integration of palliative care in COVID19 care pathway is essential for decision-making, Symptom management and the end of life care. Bereavement, empathetic communication and holistic psychosocial support is important in providing good palliative care in COVID-19 patients and their families [35-43].

Finally, the whole of palliative modalities is huge and main part of medical knowledge. The pain relief at the end of life is a concern many will encounter either professionally or personally. As health care providers, we need to recognize and communicate to these patients that there are treatment choices available that can increase their quality of life. Providing them with education about their illness and the different palliative care options can make the patients and families feel empowered to make the best decision [44-54].

Conclusion

Palliative care is an essential and integral part for patients and their families facing the problems associated with life-threatening disease including the current COVID-19 disease. The palliative care for patient with COVID-19 include: symptom management, use pharmacological and non-pharmacological treatment, use technology to communicate with patient family, provide psychological and emotional support for patient and their family and address the bereavement needs of dying patients and their family. The health care professional who work in palliative care unit must improve their communication skill and educating on symptom management.

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