

Importance of palliative care in Covid-19 pandemic

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Introduction

The novel coronavirus (2019-nCoV or SARS-CoV-2) originated in Wuhan City of Hubei Province of China in 2019, affecting millions of lives socially, economically, and mentally. According to world meters, there are 235,955,154 total cases and 4,819,263 deaths reported till 4/10/2021. Most patients suffering from COVID-19 are either asymptomatic or have mild symptoms; 5% require hospitalization, and 1%–2% need intensive care unit (ICU) admission and ventilator support.¹ Highest mortality rate was found in older adults and patients with chronic medical conditions and malignancies. As the virus is highly transmissible, many people were devoid of meeting or even performing traditional rituals on the death of their loved ones. During these challenging times, palliative care workers had to push their limits for the betterment of humankind. They had to support patients and their families emotionally during an ailment or bereavement.

Role of palliative care

Palliative care is a way of thinking about and providing medical care that focuses on preventing and alleviating suffering. The goal is to help patients and their families achieve their best possible quality of life. Those who work within a palliative care team assist with decision-making for patients with serious illnesses. As the number of COVID-19 cases started rising in the world, many palliative cares and mental health professionals collaborated to provide some insights on the management of covid-19 through palliative care. They created algorithms that were published as an E-book. Various training programs were conducted over the ECHO platform with webinars by eminent faculties to train frontline healthcare providers in palliative care.² With the increasing risk of Covid-19, social distancing and visiting restrictions have been implemented. These changes may easily trigger the chances of depression, anxiety, loneliness, distress, and confusion;³ Therefore, palliative care comes to the rescue. Palliative care, including psychological support and relief of physical symptoms, should be practiced for COVID-19 patients.⁴ Caring for COVID-19 patients starts with controlling symptoms like dyspnea, fever, cough, anxiety, depression, sleep disturbances, and spiritual suffering.

Dyspnea

According to WHO's management guidelines, the use of opioids to relieve dyspnea that is refractory to the treatment of the underlying cause, such as oxygen therapy, respiratory support, and corticosteroids, is recommended.⁵ Parenteral and oral opioids have shown a better reduction in dyspnea without any harmful effect on oxygen saturation.⁶ Whereas, For post-COVID chronic dyspnea, oral mirtazapine can be prescribed.⁷

Cough

The guideline of NICE (The National Institute for Health and Care Excellence) 2020 recommended codeine phosphate tablets or codeine linctus as the first choice in the pharmacological management of distressing COVID-19 cough; and oral morphine as second choice⁸ Whereas, for post-COVID cough, tiotropium could be helpful.⁹

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Fever

The use of NSAID drugs like ibuprofen was not associated with adverse outcomes.¹⁰

Moreover, paracetamol or acetaminophen could also be taken when the fever is associated with body ache or headache if there is no contradiction.

Anxiety, depression and sleep disturbances

Muscle relaxation techniques, breathing exercises, and psychological support could help patients improve the psychological outcomes of COVID-19.¹¹ Treatment of geriatric anxiety involves non-pharmacological approaches like modifying lifestyles such as regular physical exercise, sleep, nutrition, behavior, and cognitive therapy, which are first recommended rather than pharmacological approaches.¹²

As palliative care also improves the quality of life, communication skills play a significant role. There should be honest and open communication between physicians and the patient to understand patients' suffering better. WHO recommended exploring COVID-19 patients' needs and concerns around the diagnosis, prognosis, and other psychosocial issues via careful listening, and addressing them by giving accurate information on their condition and treatment plans, helping them with decision-making, and connecting them with their loved ones and social support.¹³

Accurate medical information should be communicated to the patients and their families to minimize the risk of disease transmission and psychological issues. This could be done through telemedicine or PPE. Training in mindful communication based on an ABC mnemonic to improve communication through PPE could be used to overcome the challenge of communication.¹⁴

The ABC mnemonic refers to

- Attending mindfully: displaying photo and name on the PPE for better interaction with the patients.
- Behaving calmly: avoid body language that shows frustration, anger, or impatience and stays calm.

- c. Communicating clearly: giving a good introduction of oneself
Use short, simple sentences and underline your words with gestures. Make your statement or ask your question and then pause. Keep your voice even, tone gentle, and speech slow.

Conclusion

The world has rarely experienced a simultaneous, global shock as complex as COVID-19, which spared no country. Palliative care could be used to relieve the suffering of COVID-19 patients and people caring for them. It could help sufferers deal in a better way mentally, spiritually, and physically.

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Conflicts of interest

The author declares there is no conflict of interest.

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