

Palliative Care in the COVID-19 Pandemic

Briefing Note

Palliative Care for Older Persons infected with Covid-19

Issue

Older persons with Covid-19 are bearing the brunt of the global pandemic. An overall 20% of all cases are severe or critical, with a crude clinical case fatality rate currently of over 3%, increasing in older age groups and in those with certain underlying conditions¹. Although many older persons have considerable physical and psychosocial needs, and palliative care is recognised as a component of the right to health, older persons, especially those with non-malignant conditions and living in resource poor areas, have less access to palliative care than the general population.

Background

Older age is often defined as being 60 years and older, but arbitrary chronological age cannot account for the variability in how older persons function and perceive themselves across countries and socio-economic circumstances. However, as people age, they tend to have an increasing number of health conditions. Many of these are non-communicable diseases (NCDs) and degenerative conditions. Many older people also live with a disability. In low- and middle-income countries (LMICs), combinations of communicable and NCDs, are also common in older age. These factors increase the risk of developing more serious illness with Covid-19 and of dying from the virus.

Key Facts

- Palliative care is an essential clinical component of Covid-19 care².
- Older persons with Covid-19 symptoms, typically severe breathlessness, agitation and fever, require either hospital admission for critical care, or referral to palliative care³.
- Older persons tend to present atypical manifestations of diseases; Covid-19 should be suspected where there is sudden change in normal behaviours.
- Men and those with underlying health conditions that affect the cardiovascular, respiratory, and immune systems are at highest risk of becoming seriously ill, with 15% mortality for those over 80 years.¹
- Older persons affected by humanitarian emergencies and living in refugee camps or informal settlements are particularly susceptible to severe symptoms. Living conditions make protective measures like distancing, isolation and regular handwashing impossible. Lack of health services makes access to care, including palliative care, challenging.
- International law and opinion juris (expert legal opinion) recognize that older persons in all settings (home, nursing homes, prison, refugee camp, shelters) have a right to access palliative care services and essential palliative care medicines as a component of the rights to the highest attainable standard of health. Given the heightened risk older persons face and scarce health resources, attention needs to be paid to the provision of palliative care services. Older persons have the right to die with dignity and without pain⁴.
- Older persons in most countries, especially older women, are disproportionately likely to experience poverty, limiting their access to affordable healthcare, including palliative care, medicines, and essential equipment to support patients with Covid-19. Older women are often informal caregivers; older man and women caregivers may be exposed to the virus if caring



for an infected family member without adequate Personal Protective Equipment (PPE).

be adapted to respond rapidly and flexibly in the Covid-19 context.⁶

- Persons with dementia with known palliative care needs have insufficient access to optimal palliative care⁵. They may find it difficult to understand and comply with Covid-19 quarantine and public health messages, and some will require extra assistance with personal care at home or in nursing homes.
- Palliative care services (home or in hospices) can
- Older people, particularly in LMICs, have practical concerns such as ability to pay for funerals, who will look after children and how to access food.
- Telecommunications platforms and hand-held devices can help older persons and loved ones maintain contact especially during the dying process.⁶

Current Status

- Most older persons infected with Covid-19 remain at home in quarantine. Their care is managed by family members, such as a spouse, who may also be an older person.
- Large numbers of older persons, predominantly women, are living alone. They face Covid-19 with insufficient family or neighbourhood support.
- Covid-19 restrictions are reducing care available from families, neighbours, social and personal care services that allow older persons, including those living with disabilities, to manage at home.
- Official restrictions, including physical distancing, are adversely impacting the well-being and mental health of older people, especially those living alone or in nursing homes.
- Evidence from a number of countries shows that residents of nursing home infected with Covid-19 have high mortality.
- Ageist assumptions and practices reflected in triage decisions are influencing older persons' access to palliative care and other healthcare services in the context of Covid-19.

Recommendations to UN member states and civil society organisations

- Explicitly address palliative care needs of older persons including those with dementia, and their families, in all Covid-19 policies and settings;
- Provide older persons in LMICs who are looking after families with sufficient financial resources;
- Provide nursing home staff with sufficient knowledge and resources to integrate basic palliative and end-of-life care;
- Ensure that nursing home policies balance the need to protect older and at-risk residents with their needs for family connection as well as the important oversight that visitors provide;
- Invite older persons to discuss advance care plans to determine care preferences and goals, such as do not attempt cardiopulmonary resuscitation orders;
- Use telemedicine and videoconferencing to facilitate communications with older persons in home settings and institutions as appropriate and evaluate their efficacy;
- Use palliative care techniques to communicate with families and support older patients dying in critical and palliative care settings;
- Provide WHO recommended infection control procedures and other guidance on PPE, as well as psycho-social and spiritual support to staff in hospitals, nursing homes, hospices and community settings to ensure well-being and resilience <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>.

References

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